

CHILD DEVELOPMENT

LAUGHTER AND TEARS
OF THE NORMAL CHILD

BY
EVELYN BANTIN, R.S.C.N.
(*Author of "Preparing for Motherhood"*)



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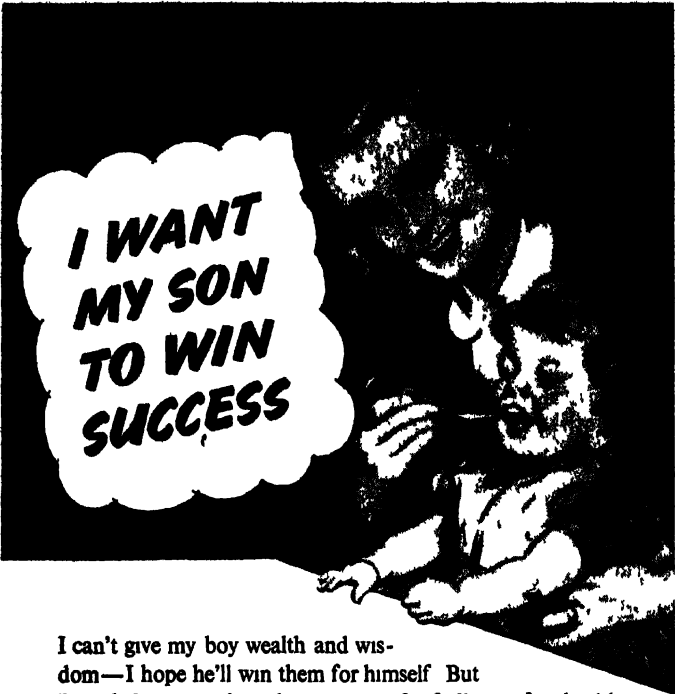
FOREWORD

It is some years since Miss Pantin published her first book on "Preparing for Motherhood and Training in Infancy." This work was most enthusiastically received everywhere. In "Child Development" the Author has again succeeded in producing a really helpful publication. It is evident throughout that she has made the most of her extensive experience. Beginning life as a Registered Sick Children's Nurse, and later obtaining the Certificate of the Central Midwives Board, Miss Pantin practised midwifery for a number of years. With such basic training she then embarked upon the management and care of infants and young children, and for years she has successfully administered a model nursery. Her natural aptitude for this work is obvious throughout and her keen observations must prove most helpful to the reader.

She portrays, in her own unconventional style, the results of her extensive experience, and every mother of young children will derive considerable profit and pleasure from reading this book.

CHARLES D. READ,
M.B., F.R.C.S.E., F.R.C.O.G.

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CHAPTER I

SIX MONTHS OF AGE

Motherhood and the infant as taught in my first book is the chrysalis stage—now at six months we see the gradual, but steady development of mental and physical powers.

The baby left behind, is one that can be tucked down in pram or cot, who is prepared to accept life peacefully, provided he is comfortable, warm, fed and feels secure through love and affection ; but the new person ahead is never still and each day he shows more of his powers and his need to be taught self-control.

There is no hard and fast rule of development, so where a statement is made that a child at six months should be, or do, such and such, this must be taken as a very broad and elastic statement. One child at six months may only have reached four months mental development, and eight months physical and vice versa : always allow for great elasticity in human growth.

The average six months baby sits up with a pillow supporting for one hour, tries to pull himself up into sitting position, but is not often able to succeed—rears head and shoulders to

look round him, either being on his front or back. He will show definite signs of pleasure and displeasure, coo and gurgle to himself, knowing voices, faces and people. He is able to hold a rattle and wooden spoon, soft toy or small brick, but as everything tends to go into his mouth, care must be taken of the type and quality of toys. Nursery Rhymes and lilting songs attract and hold his attention and he enjoys the wireless and piano, trying to copy sound and tune with his cooing.

Physical exercise is a great joy and the six months old infant will dance up and down trying to feel his feet on your knee, if held firmly under the armpits—quite rough play, throwing him up in the air a few inches and catching again are greeted with gurgles of pure enjoyment.

This is the stage that baby should be introduced to the playpen—BUT go warily—hours of relief for you and great pleasure for baby will be experienced if introduced in the right way.

Whatever new step is contemplated ALWAYS put yourself in the place of the infant and plan accordingly. You are going to lie baby on the floor to kick inside the four walls of bars of a playpen—you would feel strange, so will baby!! Open the playpen with or without wooden floor in a light draught free corner of the room, put a large bath mat on the floor and inside the pen put 3-4 very

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favourite toys. Allow baby to sit on your knee and look at his toys—he will probably reach out for them. Lay baby gently down on his back on the bath mat and give a toy into his hands. Stay and talk to him for a little till the strangeness has worn off. Some infants do not appear to worry in the least, others yell and hate the bars round them, but he must learn gradually to play quite happily in this pen, so put him in daily. Keep the playpen for regular use and your child will be quite happy. He will not expect to be following you round all the time, in the kitchen, upstairs making beds, on the stairs, all danger spots when you are busy. A child who refuses to be left alone in a room in his playpen is a nuisance to himself and to you, and he will play for hours by himself with perfect happiness if you will take the trouble to train him from very early days. All through your child's life remember that the problem child has been made so by the problem parent and it is the parent who is responsible and to be blamed, never the child.

Good healthy neglect at times will teach the child to be independent and sufficient unto himself. A spoilt child is a condemnation of the parent!

CHAPTER II

EQUIPMENT NECESSARY FOR THE SIX MONTHS OLD BABY

Most of the equipment bought for the infant is still in use. It is wise to keep a separate tray of enamel with his own toilet things—small face bowl, face and body flannel, soap in soap dish, powder box (if still used), cream for red patches in groin or on buttocks due to teething, small jar or kidney tray for nose swabs used, and a container for clean cotton wool, a small jar for safety pins, scissors and a bodkin for emergencies.

This tray with child's towels and chamber can be kept in the family bathroom or child's room, which will be either a Day or Night Nursery, or the two combined will need a few essentials for now and later on.

A chest of drawers to keep his clothes, a small wardrobe to keep coats and frocks on hangers, a toy box, nursery chair, small individual chair and small table or a high chair.

When baby is able to sit up he can either learn to take his meals and feed himself at a small table and chair or have his plate on the tray fitment of a high chair, it is purely a matter of taste.

Twennie Dinner



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The high chair enables the child to join the family table more easily, where individual chair and table means you having to sit beside him on a low chair, either before or after your own meals, until he is reliable enough to be left to feed himself.

Folding playpen, preferably with folding wooden floor, now is needed.

The toy box may be a Tate sugar box, carefully sandpapered smooth and stained, painted or enamelled, or a wicker dog basket with two handles is light and easy to handle—it is not wise to have a lid as the child will often pull the lid down on his own head and hands.

The baby bath on its stand will be carefully wrapped up and put away in the attic by now ; baby needs the large bath in which to kick and exercise.

The Treasure cot or wicker cot will be put away very soon too, and the large dropside cot come into use. These cots may be bought in two sizes, 4 ft. by 2 ft. and 4 ft. 6 in. by 2 ft. 6 in. It must sound a very small difference, but it does make one year less or more in use for the one child !

Where it is possible that a family will grow up with at most two years between the children a 4 ft. by 2 ft. cot is ample, as the first child can move into a child's bed with sides at 2½ years and be quite safe—the bed seems to take up less space than a 4 ft. 6 in. by 2 ft. 6 in. cot and makes the older child feel "grown up" and less likely to be jealous of the new arrival.

Long before baby was expected, his room will have been chosen and decorated—but if not, the best position for a child's room is as near to a SW. aspect as possible, and as large a room as it is permissible to fair distribution in the household. Always bear in mind that the child is an important member of every household, but NOT the only important person!

Walls are best decorated in pastel shades of washable oil bound distemper. This is costly, but may be scrubbed with soap on a scrubbing brush, which is a very great advantage when the toddler stage is reached. Distemper the ceiling in one or two shades lighter and the paintwork two shades darker than the walls.

Do not forget that D.D.T. can now be mixed in wall paint and will keep the flies out of the room for one to two years—this is still in the experimental stage, so all enquiries up to date must be made before an amateur attempts such mixing; it is a task for experts.

Floor covering where expense need not be spared, a coloured cork linoleum on the floor from edge to edge is the ideal; it is warm, easily cleaned and everlasting in wear, but to get best results follow cleaning instructions carefully.

- Large and small Sundour washable nursery rugs may be bought in many lovely colours and designs, and these will go to the laundry week after week with little sign of use. Expensive, but well worth the outlay.

A lightly coloured Frieze just above the wainscot will be a great source of joy to the "crawling" child. These may be bought in sheets, cut out, and designs of rabbit families, mother going to market, lady birds dancing on bunnies' noses, etc., worked out by the parents and simply stuck on. As the child develops new pictures may replace the early ones—children of all nations in national costume, birds and their nests, groups of domestic and wild animals, etc.

Heating.—A coal fire is, of course, the nicest to look at, but is also the dirtiest and the most work: gas and electricity are both good and may be turned on and off at will, but not very good if the child is ill.

The closed stove, such as Cozy, Courtier, Esse, Pither Radiant, are all excellent, clean in use, economical of fuel, and keep in day and night, though the heat may be regulated to a minimum during the night hours. I think the ideal would be a closed stove and a power point for an electric fire when the heat was only needed occasionally. The up and down sash cord window is easiest to regulate for ventilation, and either an outside sun blind for use in the summer with light curtains inside or an old fashioned venetian blind—this blind does collect dust and needs to be kept clean regularly with a damp cloth, but the horizontal slots do make an excellent vent for air and yet keep out the heat of the sun in summer days.

Lighting to be ideal in a baby's room should be dual, one well hung centre light to be used when the child needs light and one standard lamp with an angle movement so that you can turn the light away from the cot and yet still have a good light to use.

All kinds of varieties of dropside cots are on the market, those with solid wooden ends and barred sides, those with bars all round, even those with netting sides! For real hard wear nothing can beat the enamelled iron dropside cot, in a pastel shade, but it is very solid should the child bump himself against it. I think looks, wear and comfort must go to the well made wooden cot, preferably with both sides to let down, for ease in making and one that will fold up and take to pieces and go flat for travelling and putting away.

Bedding.—Mattresses will last for years if they are really good to begin with. A hair mattress or hair mixed with 25 per cent. flock is a better buy at double or treble the initial cost than is a plain flock mattress.

Have two washable mattress covers made for this cot mattress, and for the pram mattress, and they will always look, smell and be clean.

Pillows are not necessary and should be avoided, but if you must buy one, get hair and *not* feather or down.

A baby can and will turn himself over on his face in cot or pram, the very softness of the down pillow is the danger ; baby cannot always

turn back at will, and he buries his face in the pillow and is suffocated.

Bed clothes necessary would be—one underlay of canvas, to protect the mattress cover from any possible rust marks from the wire mesh. One thick macintosh which should be 2 in. larger than the actual mattress—two 18 in. strips should be machined down each long side of the mackintosh, so that it may be well tucked in to avoid slipping. Three under blankets, four under sheets, either cotton or twill, one draw mackintosh approximately 2 ft. or $2\frac{1}{2}$ ft. wide—again machine two 18 in. strips to the ends of the mackintosh to tuck in the draw mackintosh. Four to six draw sheets 2 in. wider than the draw mackintosh to keep it completely covered and roughly two to three times the width of the cot in length.

On top, baby will need a cuddly blanket and two good Witney blankets to tuck in well (in case of accident it is always as well to have two cuddly blankets and one spare large blanket that could be put into use when baby's own blankets need to be washed or cleaned). One counterpane which will wash and air easily.

Bath, face towels, and flannels will all carry on from baby size and should outlast two to three babies without renewal.

Perambulator.—Utility prams are of very little use. The material used could not be good, as this was needed for war, but it does seem stupid that the length of the pram had to be

Hot Days—Safe from Cats in the Garden



CHILD DEVELOPMENT

so sadly curtailed. It is a better bargain to buy a secondhand pre-war model of a reliable make and ask the firm to overhaul and thoroughly do up the used pram with extension. This new length will be from 36 in. to 44 in. so the child will be able to rest out in his pram until he is three to four years old. The lining of the pram should be dark, the reflection of strong sunlight on a cream or white lining is very bad for a child's eyes; this also applies to canopy linings. Never use your hood as a protection against sun, its use is to keep the child dry on wet days and sheltered on windy ones. The heat inside a pram reaches well up to 100°F. on a hot day and is cruel to the child.

CHAPTER III

THE DAILY ROUTINE—SIX TO NINE MONTHS

Baby will sleep until 6.30 or 7.0 a.m. and your day should be planned to fit in with his usual time of waking. If 6.30 a.m. feed baby before you dress, if 7.0 a.m. get yourself ready first!

Give baby his feed, wash buttocks, sit on chamber, put on napkin and tuck down in cot again, or if able to sit up put on woollen jersey and pillow behind back and leave with toys to play.

The six to nine months stage will still be on five or four breast or bottle feeds daily, but the bath should be in the evening before the 6 p.m. feed and top and tail only before 10.0 a.m. feed. Between 7.0 a.m. and 9.30 a.m. baby will kick, play and sleep in his cot. Just keep an eye on him while you work, he does not need to be played with!

9.30 a.m. have all topping and tailing things ready for 10.0 a.m. feed, indoor and outdoor clothes, pram, etc.

Give plenty of play, kicking and exercising at this change, and let baby kick on your knee naked for three to five minutes; if you can be in the sunshine so much the better.

Put out in pram to sleep till 1.30 and this morning sleep will go on till the child is $2\frac{1}{2}$ to 3

years old—the longer he will settle down to rest out of doors in his pram, the better for himself and the household.

1.30 p.m. get everything ready for baby's dinner, he will be on mixed feeding and milk drink ; bring him in, chamber, wash buttocks and give dinner by 1.45 p.m.

Next comes the first slight change. Instead of putting baby out in his pram straight away, give him 15-20 minutes' kicking in the playpen, outdoors in the sunshine if summer, indoors if weather not warm enough ; the best place on warm days is to put the playpen in the dappled shade of a green tree, where the best ultra-violet rays penetrate. After 20 minutes put baby back in his pram to sleep, and this short free time gradually increases to an hour or more free or in the playpen at 18 months. Baby will probably sleep an hour or a little longer in the afternoon after which he may be given toys to play with and a pillow under his head to prop him slightly (not to sit up). From 4.0 p.m. give freedom to kick if he seems to wish to do so. Bring in about 4.30 p.m., change, chamber and let baby lie in playpen or on rug on floor for his playtime.

The second half of baby's play hour should be active play. He needs to be given individual attention by you or friends you may have to tea, so that he learns to meet people and to hear and see new faces and handling other than his mother's.

This probably sounds very stupid to you, but it does make a real difference to baby's development mentally and socially. A baby who enjoys your visitors can be a great help to you and the reverse.

5.45 p.m.—Bath time. Have everything ready beforehand and keep a special bath toy or toys—floating frog or duck and a small rowing boat, not a ship with a sail as baby may slip and put his eye out on the mast.

By six months baby will enjoy kicking and splashing in a big bath, and bathing time should be great fun; keep the room warm enough to allow for plenty of bath play.

Even as early as six months baby knows he loves his bath and does not want to come out. Prepare him by telling him he is coming out and allow no tantrums to tempt you to put him back—speak sternly to stop crying and resentment.

Should you be lucky enough to have a large mirror in the bathroom, teach baby to smile and wave at the "boy in the glass," and quite often this will direct him from the disappointment of leaving the bath water.

Some waste pipes make a loud noise as the water runs away; accustom baby straight away to this noise. "Listen to the water saying a noisy goodbye to you," "listen how the water shouts, etc.," and you will avoid all those toddler fears that may come later unless baby is used to it from infancy.

Teach baby to enjoy splashing and to feel the water running over him as you hold him on your arm. Lying on his back, let him kick and swim daily, then turn him over to "swim."

Dry thoroughly, powder or not as you wish, put on his nightgown, chamber, feed and put to bed on his left side.

You may say: "But baby cries if he is put on his left side." So he may, but he still needs to be on his left side after the 6.0 a.m. and 6.0 p.m. feeds.

Baby's skull is made up of flat bones joined by sutures or pieces of muscle and the skull will alter shape on pressure—so if baby always lays on his right side, the right side of his skull would grow flat and the left side with no pressure would bulge and be rounded, and this may be quite noticeable.

Anytime between the 6th and 12th month baby will refuse his 10.0 o'clock night feed. He may refuse quite flatly one night or he may only take half the bottle for a week or so and then not be keen to take any. Whatever the age this feed is then not needed and should be stopped.

Should baby still carry on at one year old, then you must stop the feed gradually. Reduce the 10.0 p.m. feed by one ounce every three days until baby is having a two ounce feed. Keep this on for three days and then substitute plain boiled water (unsweetened and unflavoured). He may take a little or he may

refuse altogether ; offer water three nights and then stop.

Baby still needs to be changed, chambered and washed between 9.30 and 10.30 p.m., even when feed is stopped. He will settle down quite happily after a few nights.

From about six months old, baby may be moved into his large dropside cot, and at nine months his own room. The room should be within easy sound from your room or the adult responsible.

See that baby is warm in his cot and give plenty of fresh air.

Here again allow him to play in his room for a few days to get used to new surroundings, before you put him to sleep in it alone ; babies react to atmosphere and change far more quickly than many people realise.

CHAPTER IV

THE DAILY ROUTINE—NINE TO EIGHTEEN MONTHS

The six to nine months age is the "hand to mouth" age with everything being put from hand to mouth to find out about it all.

The nine to eighteen months age is the experimental and learning stage and needs to be left to learn a good deal for himself through trial and error.

Between the ninth and tenth month the child will change from four feeds a day to three meals daily and a drink about 7.0 a.m.

7.0 a.m.—The child will already be awake and probably scrambling all round his cot and talking to himself. Lift him out and chamber and give a drink of orange juice or one teaspoon Rose Hip Syrup in about four ounces of water. Slip on jersey or dressing gown and put him back in his cot, with toys, to play.

7.45 a.m.—Wash and dress the child and bring him down for his breakfast; all his meal should be ready before he is up and dressed.

8.0-8.15 a.m.—Breakfast. Until the child can sit up in his own chair, he should be fed sitting on your knee; as soon as he can sit up alone, put him in his high chair or low chair and table.

Put a big mackintosh feeder under the usual Turkish feeder and using a deep sided baby plate and a normal teaspoon, get baby to hold the spoon and feed himself—with your help for the first few spoonfuls to teach him how to feed himself.

Milk should be taken out of a mug or small unbreakable glass and at first let him hold the glass with his hands under yours—it must be only a few minutes at each meal so that he does not dislike being made to do it.

After breakfast sit baby out on his chamber and train him to pass his motion at this time—the best plan is to put the chamber in the playpen and harness baby to the bars of the pen, to prevent the child from clambering off. It is best to train the child to stay on his chamber whenever you put him on, and it is essential that he should learn to be obedient.

9.0-10.0 or 10.30 a.m.—Let the child crawl round the room as freely as possible. It is better to let the lad scramble all round the floor, rather than coop him in his playpen—he needs to explore. As he reaches eleven to twelve months he will learn to pull himself up in his cot and playpen, to pull up at your knee, to crawl over all the bars of chairs and round the legs of the table.

Let the child know he may be put in the playpen and to be quite content to be put there when you need to leave the room and go into the kitchen or upstairs.

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Use of the playpen should be limited to the hours you are out of the actual room, giving extra freedom while you are present.

Remember that it is against the law to leave a child under five years of age in a room with a fire that is not adequately guarded. Excellent fireguards with covered tops were made for Government Nurseries during the war. If one of these can be bought secondhand and aluminium painted, it is a first class article.

10.20 a.m.—Re-chamber baby, change pants if necessary, and put him out in his pram lying down with safety straps to the inside bottom of the pram to stop sitting up. (Should your pram not be fitted with bottom safety slots, these can be bought at a pram shop for 2d. and easily screwed into place.)

A child up to two years or occasionally three years should sleep out all the morning in his pram, and if he does not sleep he should be prepared to be happy and look at the green of the trees and the branches waving overhead.

1.35 p.m.—Bring baby in, chamber and sit at table or in high chair for his dinner. Again at the beginning of training, only make baby feed himself a few spoonfuls with your help, but later on, by about eighteen months, he should be able to feed himself without help, and very little mess. A mug or small glass is rather more difficult to manipulate than a spoon, but the child should be able to hold his own drink and give it to himself with a watching eye and

hand ready to prevent spill. By eighteen months all meals should be taken by the child, also drinks. Start teaching manners from this stage also, and as far as possible only give the size of helping that you know the child can take and expect him to finish everything.

Remember that a baby's stomach is at an upright angle instead of horizontal as in a five year old child and adult. In this way a child can vomit very easily, and if he decides he does not like a food or does not wish to take it, quite frequently a child will retch and bring the whole meal back for no good reason.

Don't worry, continue the meal if possible, but if completed give a drink of glucose and water—one teaspoon of glucose to four to six ounces of warm, boiled water. *Do not fuss.*

A retch or vomit done on purpose is of no significance, but must not be allowed to become a habit.

2 p.m.—Chamber baby again and then give him freedom on the floor indoors if wet or out in the playpen in the garden if fine.

A playpen is a great temptation for a child to pick and eat grass; to avoid this, stand the playpen on a large tarpaulin or rug which will not be blown up by the wind and which is one to two feet longer all round than the actual playpen.

3 p.m.—If under eighteen months sit baby in his pram to get him off his feet, let him have plenty of toys and be out in the garden. Where a garden is not available baby will have

to be pushed out in his pram after dinner and if possible given freedom at a different time.

A town child living where there is no garden will have to sleep in the morning in his cot by an open window and be pushed out in his pram in the afternoon—life here becomes less simple.

The time of bringing the child in in the afternoon depends on the time of the year ; as early as 3.45 p.m. in winter, and as late as 5 p.m. and out again until 10.0 p.m. in the heat of summer.

5.0 p.m.—Chamber, give baby his tea at his own table and again teach and help him to feed himself.

After tea, chamber again and 'then give scope for exercise until bedtime at 6.15 p.m.

Bath follows much the same routine as previously, with a good deal more swimming and splashing.

Tuck down in bed after chambering, and give a special soft toy with which to go to sleep.

Lift and chamber at 9.30 to 10.0 p.m., depending on the time of finding that the child is wet.

A child well trained from early days will only waken in the night if there is something wrong, so it is not wise at this age to leave a child crying, without going to see if anything is wrong.

Never take a child into your own bed during the night, as this so easily becomes a habit and the child will wake and yell simply to be taken into the parents' bed.

CHILD DEVELOPMENT

Similarly, never start a nightlight with a child unless you are desperate during illness. No child knows fear of anything until it is communicated to him by an adult.

CHAPTER V

ROUTINE FOR THE TODDLER FROM ONE TO THREE YEARS

The gap between the two year old and the four year old is so great that the description of the routine of each day will be divided up into (a) the routine of one to three year old stage, and (b) the routine of three to five year old stage.

At one year old the child is finding his feet, exploring new delights daily in the same way as the two to three year old explores on adventurous lines.

The child between one to three years usually wakes up between 6 a.m. and 7 a.m. and he should be sat out immediately on waking. Next a dressing gown is put on and he should be trained to play quietly in his cot until 7.30 a.m.

At 7.30 a.m. sit him out again. Then give a sponge down and carefully clean his teeth ; he should be able to manage the latter himself by the time he reaches his third birthday.

Allow and encourage the toddler to help himself in every way. At first the vest may be put on inside out or back to front, but, provided it can do no harm, *don't* take the garment off and put it on the proper way. This will only

make the child feel that his efforts are valueless and are wiser left undone. At two years the toddler should be capable of putting on all simple garments, but buttons and ties will still be unsurmountable difficulties. At three years old buttons that are not too stiff will be possible, but right and left shoes will often go astray.

8 a.m. breakfast. At one year old the toddler emerging from babyhood should hold his own spoon, and manage, with varying success, to hold his own drinking mug partly filled.

Start the one year old with a spoon only, and turn a blind eye on the left hand, which will certainly be used as a pusher every now and then; as soon as the spoon is fully mastered introduce a fork as well, and train the hands to keep out of the plate altogether.

Allow the child to use a spoon and fork with handle—not a curved one. He will have to become used to holding a straight handle, so that it is wise to start him with one from the beginning.

At one year old words are beginning to be spoken, so introduce “please” and “thank you.” The word “potty” if connected early with its need will help enormously.

The ideal time for the child to open his bowels is after breakfast, so train him to go straight to the lavatory, collect his pot, and sit down quietly, with no toys, for this important business.

We Can Feed Ourselves



Train him straight away to wash his hands after he has been to the lavatory, and this early training will never be forgotten.

From 9 a.m. to 10.30 a.m. the toddler should play in an airy Nursery, or in the open air ; he should be left to make his own games, with other children if possible. The year old child will play quite happily with a few small tins or boxes (see that no edges are sharp), and a few cotton reels or bricks. The two year old needs something to "push around," and revels in a truck with four strong wheels into which he can pile odd toys or bricks. The three year old needs to begin constructive work, and often requires an adult to start him on the work he wants to construct.

Both boys and girls love a doll's pram fitted with a doll, blankets, cover, etc., and two three year olds will play "families" happily by the hour, and often an only child will find an absorbing interest in this game.

Sit him out about 9.45 a.m., since breakfast drinks often make the need felt about this time.

At 10.30 a.m. the one to two year old needs to be taken off his feet, and after sitting out, should be put to rest in his pram, out of doors and without toys. He will very soon fall asleep, and often stay asleep till 12.15 p.m. or 12.30 p.m., when he needs to be brought in, sat down, washed and tidied for dinner at 12.45.

12.45 dinner. The food varies from sieved and minced food to that which needs mashing

Fasten Safety Straps at the Back



or breaking up only, according to age and powers of mastication.

After dinner sit him out again, and wash his hands.

From 1.30 p.m. to 2.30 p.m. play in the Nursery or garden.

From 2.30 p.m. to 4.30 p.m. the child should be taken out in his pram for a walk, when definite interest on the Nurse's part needs to be taken. The child over two years should be allowed a good twenty minutes' run in park or gardens, but under this age the child gets sufficient exercise indoors and needs to rest his legs.

At 4.30 p.m. sit him out, wash him and tidy him for tea. As this is the last meal of the day, care should be taken to see that the child eats as much as he needs, always remembering that no two children need the same amount of food. Tea can end with a piece of barley sugar or plain chocolate before the quarter of apple, which should be the finish of every meal.

At 5 p.m. sit him out again, and then let the toddler have happy quiet games till bed time ; the one year old starting for bed at 5.45 p.m., the three year old at 6 p.m. and so, prayers said, in bed by 6.30 p.m.

At 9 p.m. or 10 p.m., according to the habit of early or late need of passing urine, the toddler should be put to sit out, being careful to see that he is fully awake and aware that he is using his chamber.

Teeth Cleaning and Gargling.—The regular brushing of teeth, up and down and across,

should be taught from a year old. Earlier than this and from the cutting of the first tooth Nanny should clean the baby's teeth with a soft bristle brush.

A valuable art also is how to gargle and, if taught as a routine game each night, combined with teeth cleaning, will be found of great help should an emergency arise that demanded gargling by a young child.

Nose Blowing.—At the early age of one year start to teach nose blowing as a game. He should also learn deep breathing. He should be shown how to draw in a deep breath through the nose, making a good loud noise the while, so that his attention is held. The breath must then be allowed to escape slowly from the mouth. This should be repeated once or twice every morning at first, increasing the number as the baby grows older. Later, in front of a mirror, he should be shown how the size and shape of his chest alters when he draws in a deep breath and how he can keep his abdominal muscles flat at the same time.

When he goes out for a walk he can be encouraged to take deep breaths through his nose and in cold weather he can be shown how his warm breath is turned into water vapour by the cold air. It can then be explained to him that such cold air must be warmed before it reaches his lungs, and that this can only be done by drawing it in through the nose.

CHAPTER VI

ROUTINE FOR THE THREE TO FIVE YEAR OLD

The three year old child should be self-supporting, capable of getting out of bed himself to use his chamber, able to wash his own hands, face and teeth, and able to dress himself, with the exception of tying laces and doing up difficult buttons.

The three year old should be able to attend adult meals, use a small knife and fork, and attend to his own feeding, with the exception of having his meat cut up and the top of his egg removed.

Training aims at making the toddler sleep a full twelve-hour night, so do not expect the child who is put to bed before seven in the evening to sleep later than the twelve hour limit in the morning.

Put the three to five year old to bed so that he is settled by 7.15 p.m. at the latest. Expect him to sleep on till 7 a.m., when he can sit himself out, put on his dressing gown, collect a basket or box of toys from beside his bed, and play quietly in his bed until you go to him about 7.30 a.m.

At 7.30 a.m. go in and tell him to get up, see that the doors from the bedroom to the bathroom are open for him to go along to wash,

and if the wash basin is high, see that a steady wooden box is in position on which he may stand.

Keep an eye open to see that taps are not too stiff or the imp of mischief may enter in and flooding of the bathroom may result. The child is best left to his own devices, if they are devoid of harmful after effects, and will thus learn independence.

Give help with ties or stiff buttons and a hand with stripping his bed, telling him why you open his window wide. Be ready for breakfast at 8 a.m.

At 8.45 a.m. sit him out and train him to use an ordinary lavatory with a footstool for his feet. The position of a child with legs hanging down unsupported is bad for defecation (bowel action), as the effort to empty the bowels is too great a strain on the abdominal muscles and may cause serious damage. The best position is one with the feet supported so as to raise the knees above the level of the child's hips, as in primitive squatting.

The three year old should romp, or run wild, in the garden or Nursery, from 9 a.m. to 10 a.m. He should have occupational play from 10 a.m. to 11 a.m., followed by a quick run or walk from 11 a.m. to 11.30 a.m. He should rest from 11.30 a.m. to 12.30 p.m., either looking at a book or sleeping as his needs dictate.

The three to five year old can begin Home Nursery School from 9.20 a.m. to 11 a.m., followed by a run with ball games, skipping,

etc., from 11 a.m. to 12 noon, and further "lessons" or constructional work from 12 noon to 12.45 p.m.

At 1 p.m. dinner is given to all ages, followed by a rest on rest beds, out of doors when possible, until 2.30 p.m.

From 2.30 p.m. to 3.30 p.m. "lessons" continue, which include dancing, drill, eurythmics, acting, singing, plasticine and painting.

From 3.30 p.m. to 4.30 p.m. a walk should take place, made more interesting by the talk of the skilled teacher.

At 4.30 p.m. all the children have tea.

From 5 p.m. to 6.30 p.m. free play in the Nursery or Schoolroom is allowed with the younger children, or the parent may join in games or read aloud to the children.

At 6.30 p.m. biscuits and a drink of water may be given. Many children do not need such a supper, and no well fed child should need milk before he goes to bed, while he is in good health.

At 6.45 p.m. bed follows.

Between 9 p.m. and 10 p.m. the child should be wakened in order to use his chamber. It is essential that he should be fully awake when he empties his bladder, so turn on the bedroom light and speak normally to the child. It is not fully understood that unless the child is really awake he will learn to empty his bladder in a semi-conscious state, this forming a habit which may later lead to bed-wetting.

He should be tucked up again quickly and left alone in the dark. He will readily go back to sleep if his training has been good. *Play and education* go hand in hand in the life of the child up to two years of age.

The baby, kicking, stretching, grasping, cooing in his cot, pram or playpen, is learning life and its possibilities as he plays.

At six months of age the baby is learning to roll over, he will put everything into his mouth, and he can raise himself up to look at things. In such ways he learns as he plays.

The crawling stage comes next. The urge to fit things together, to pull himself up and bump down again, to climb stairs and to slide down everything available are all Nature's method of education through play. Here the good Nurse needs only to look on and to hold herself ready so that she may prevent serious damage.

The Nurse who allows her children freedom for self-expression and does not hold them back from the exploring and climbing that will end in a minor bump or fall is the good educationalist.

It is only by experience that an adult learns, and the earlier the child learns how far his physical power will take him, the sooner he will learn to improve.

Example: A little girl a year old found the stairs a thrilling adventure—climbing up step by step was quite simple so long as she did not turn round and look back, for then her

sense of security seemed to fail. Coming down stairs worried and defeated her for days, she would sit at the top with her arms held out for daddy to carry her down.

A week or two passed, and then suddenly an idea came to her. When she reached the top of the long flight of stairs she turned on her front and slid down in the same position as she had climbed up. The sense of victory must have been very great in that small mind, and she had learned a new fact by experience.

The same child spent twenty minutes trying to climb into an armchair which was just too high for her, and in that twenty minutes she only managed to get into the chair once. She then promptly climbed down to try once more, only to fail again and again.

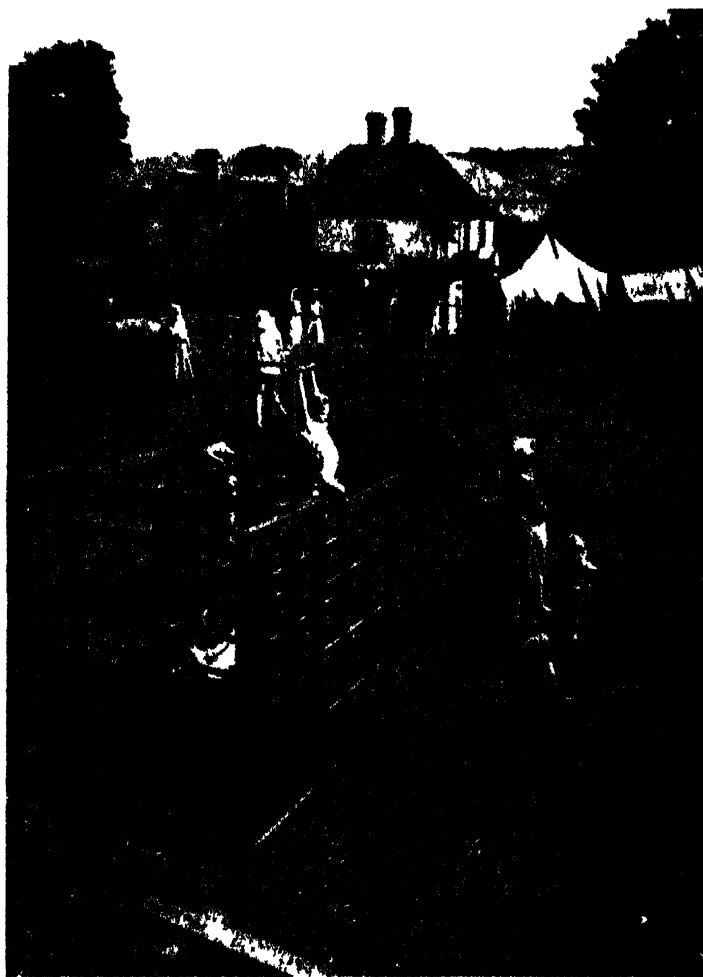
From two to five years the Nursery School is of inestimable value; play and educational play become two exciting adventures.

Nursery work in a private house includes this knowledge, and the really good Nurse will teach all day, neither the child or herself fully realising this.

An only child banned from the important experience of competition, whether it be in games or in education, will probably suffer from this early lack in later life. Wherever possible arrange for two or three children to join together regularly, if it is only for one hour in the morning in the park or out for a walk.

The four to five year old child is the potential parent in imagination. Listen carefully how

A Nursery School Playground



the imaginary child (sometimes a doll in a pram, sometimes a mythical figure) is wakened in the morning, dressed, fed and played with, and *you* will hear where you have failed, and hearing, learn and correct yourself. Four year old Harriet will say : " Now come along Susan do, if you are so slow doing up buttons I must do them up myself." Have you been guilty and taken away the sense of achievement?

Robert aged five will say : " Now then John, it is time for bed, I'll help you tidy up." Are you justly proud? You should be.

Teach the three to five year old the thrill of bathing rubber dolls in real water ; mess does not matter, the right method will be taught for future use.

Letters can be taught through the use of advertisements in the streets.

Numbers through counting buses, cars or horses and other animals.

Quantities and weights are simple, with the knowledge of coinage added when shopping. Making cakes, biscuits and toffee can be taught as a game.

Knitting with large needles and brightly coloured wool ; darning with raffia on small cardboard frames in two different colours, showing the in and out pattern of a darn.

Doing up buttons, tying bows, putting on simple garments may be taught in practice in their own daily life or as an imaginary parent dressing a doll as an imaginary child. Imagination is real to every child, tread warily—

Paddy Pool on Summer Days



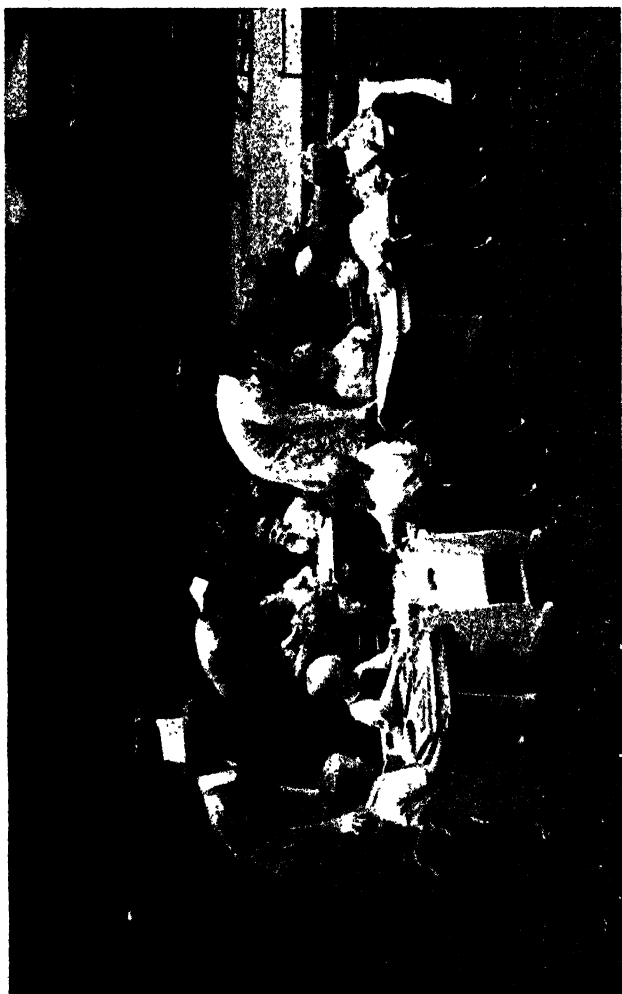
always put yourself into the character allotted to you by the child, to be asked to join in is the greatest compliment any child can pay you.

Two small girls of five and three years invited a favourite uncle and aunt to tea in their house (a tent in the garden). Special invitations were issued and the aunt, being a very wise person, provided milk, sandwiches and cake.

From 2.0 to 4.0 p.m. very little was seen of Jane and Anne, the chinking of dolls china and a few stern orders given by the five year old Jane showed absorbed occupation in and around the tent.

Promptly at 4.0 o'clock aunt and uncle dressed in party clothes and outdoor hat and coat walked solemnly down the garden, knocked on the tent door to be admitted by Jane absolutely neat and tidy, hair brushed and hands washed. "I am so glad you could come, do come and take off your coat and hat." All the time Jane keeping an eagle eye open for possible smiles on the faces of the grown-ups or familiarity with the visitors on the part of Anne!

At 5.30 p.m. uncle and aunt said goodbye, put on their outdoor things and solemnly traversed the garden home. Not once had Jane forgotten she was a hostess or allowed Anne to do so! For the truth of this story the book is indebted to the uncle, who, with tears running down his cheeks, related the agony of



Adults Should Only Help if Asked

remembering his position as a guest of his five year old niece.

Actual kindergarten lessons cannot be quoted in these pages. It is sufficient to say that educational play should begin in every child's life at three years, and where no other children can be invited to come regularly for educational play every day or at least four days a week, it is unwise not to arrange for the child of three years and over to attend a Nursery School or kindergarten.

The country child and nurse have the advantage of nature lore and the simple facts of life through farm life, though a disadvantage in lack of coloured posters for letters, etc.

A nurse taking a post in London has a much easier task in the teaching and amusing of her children. A town nurse taking a country post should buy a simple book on flowers, trees and animals so that she may be able to answer the questions that will be asked of her and to add to the joys of the country walks.

The two to three year old is just beginning to need a little education added to his play through the organisation of that play more than anything else.

The two year old child cannot concentrate for long, and in this he needs guidance. Let him fetch the game he wants to play, either a simple jigsaw with whole figures which lift out with a raised knob, or a box of coloured bricks, or a box of wooden animals. Guide and play with him a little.



Nursery Occupation

CHILD DEVELOPMENT

After a little while he will tire and wish to go off on some other line, and here his training must begin. Teach him, help him and train him to tidy up and put away the toy of which he has just tired before starting something else.

CHAPTER VII

FOOD AND MENUS—SIX TO EIGHTEEN MONTHS

1. Age six to eight months, approximately fifteen to eighteen pounds. Milk mixture maximum intake thirty-five ounces in twenty-four hours.

6.30-7.0 a.m.—Milk mixture, seven ounces.
Rusk to bite on.

10.0 a.m.—Cereal made with milk, four ounces.
Milk mixture, six ounces.

2.0 p.m.—Vegetable puree.
Broth.

Milk pudding (made with milk, three ounces).

Milk mixture, four to six ounces.

5.0 p.m.—Orange juice. Rusk to bite on.

6.0 p.m.—Cereal.

Milk mixture, seven ounces.

10.0 p.m.—Milk mixture gradually reduced from seven ounces to two ounces and dropped any time.

Cereals

Groats, Robinson's Barley, Barley and Oat Jelly, M.O.F. Cerex, Farex. Start with one tablespoon and increase slowly to four tablespoons when prepared.

Spoon Feeding



Vegetable Puree

The percentage of starchy foods, *i.e.*, potato, peas and the percentage of green and root vegetables, must be gauged by the individual child's needs. One who is constipated would need $2/3$ roughage to $1/3$ starch.

Sieved potato, spinach, cabbage, carrot, sprouts. Start with one teaspoon each and increase teaspoon by teaspoon until at twelve months the sieving changes to mashing and the amount will be roughly four to six level tablespoons of sieved mixed vegetables, meat, fish or egg and gravy or broth.

Puddings

Baked or stewed apples, stewed apricots, prunes, pears, sieved and given with juice. Mashed banana. Ground rice, Creme of rice, Semolina, Arrowroot, cornflour and any well-known put up mixture such as Creamola.

Here again start with one teaspoon and work up gradually to a full helping—unsieved by one year two level tablespoons of fruit and similar amount of pudding. Fruit must be guided by individual child.

2. Age eight to ten months. Weight approximately eighteen to twenty pounds. 7.0 a.m.—Feed should change to Rose Hip Syrup and biscuit or rusk. Fluid intake will reduce and solids increase. A minimum of one pint of whole milk and additional water should be taken.

CHILD DEVELOPMENT

Breakfast 8.15 a.m.

Half coddled egg or cereal, six to eight level tablespoons.

Piece of bread, butter and honey (if four teeth).

Drink of milk, five to seven ounces.

10.0 a.m.

Drink orange juice and water up to four ounces.

Dinner 1.0 p.m. to 1.30^o p.m.

One fillet steamed plaice or equal to one tablespoon steamed fish of any white kind.

One to two level tablespoons potato (sieved).

One to two level tablespoons greens (sieved).

Three to four level tablespoons of pudding with two of fruit.

Gradually change from milk mixture to water to drink. This water should be warm boiled water, unsweetened and unflavoured.

Tea 5.0 p.m.

Cereal or milk jelly, six to eight level tablespoons.

Half to one round bread butter and seedless jam.

Seven ounces milk mixture to drink.

After Bath 6.15 p.m.

Drink orange juice and water up to four ounces unless 10.0 p.m. feed not yet dropped, when give nothing till 10.0 p.m. feed which should be reduced to maximum five ounces.

Food that should be taken at this age

Coddled eggs, scrambled eggs. Bread crumbs fried in bacon fat and mashed with fork. Ham fat shredded. Steamed fish. Red meat juice. Shredded tripe, brains, sweet-breads, pounded steamed liver, shredded pounded chicken. All normal vegetables except turnips, swedes and onions (turnip juice may be given). Stewed fruit without seeds—all milk puddings. Baked custard. Birds custard, junket, milk jelly.

3. Age ten to twelve months. Weight twenty to twenty-four pounds approximately. All meals as group two with the addition of shredded raw steak, thin slice off the joint, very finely shredded. Steamed canary pudding. Sardines. Fried bacon fat finely cut up.

During this stage gradually decrease sieving and increase amount of mashed foods taken.

4. Age twelve to eighteen months. Weight approximately twenty-four to twenty-eight pounds. 7.0 to 7.30 a.m.—Rose Hip Syrup in four ounces water should continue until child is eighteen months to two years.

8.15 a.m. Breakfast

Gradually decrease cereal as you increase egg or bacon, etc.

Half to one and half rounds of toast, butter and jam or bread butter and honey.

Six to eight ounces whole unsweetened milk to drink.

10.0 to 10.30 a.m.

Orange juice or apple to chew.

1.15 p.m. Dinner

One to two tablespoons meat cut up but not shredded unless very backward with teeth.

One small potato mashed.

Two tablespoons greens cut up and mashed.

Gravy to moisten.

A medium helping of pudding.

Water to drink, four to six ounces.

5.0 p.m. Tea

Stewed fruit or cereal.

Bread butter and jam.

Biscuit or plain cake.

Six to eight ounces plain milk.

6.15 p.m. after Bath

Orange juice in four ounces water.

No 10.0 p.m. feed.

5. Age eighteen months to three years. The child somewhere between eighteen to twenty-four months becomes an ordinary member of the household as to diet.

With care the normal food of the household would be quite suitable from eighteen months of age. Avoid seeds in fruit, jams, etc., under two years. Currants are unwise for any children. Pickles, sauces, vinegar should be omitted altogether. Milk, cocoa and chocolate are better than coffee or tea, although for a treat tea coloured milk may be given.

Extras

From infancy upwards every child should be given additional calcium, iron, cod liver oil or Halibut liver oil, etc. During the cold months some building extra such as cod liver

I Am Thirsty



oil and malt, Keplers malt and oil or Roboleine. Where an appetite tonic is needed, Minedex or Vitamin Syrup are excellent, and easy to obtain.

Calcium

At six months one tablet, quarter crushed with four feeds daily and increasing to two tablets daily at three years of Ostocalcium.

Iron

Iron mixture made up as follows in a stock bottle :—

Ferri et ammon cit— $1\frac{1}{2}$ oz.

Cup Sulph—gr. 1

Glycerine—1 oz.

Aqua ad.—12 oz.

Dose

Infants 0-6 months—M xxx t.d.s. in milk feed.

Children 6-12 months—1 tsp. t.d.s.

Children 1-3 years— $1\frac{1}{2}$ tsp. t.d.s.

It is advisable for older children to be taught to drink the iron mixture through a straw to avoid staining the teeth.

Cod Liver Oil

0-6 months—quarter tsp. three times a day.

6-12 months—Half tsp. three times a day.

12 months to 3 years—1 tsp. before two or three meals, according to tolerance.

Halibut Oil, Haliverol, Radiostoleum, Adexolin are all specialised forms of Vitamin A and D as in cod liver oil.

Instructions on the bottle should be very carefully followed, as they all differ slightly.

Saucer under Chin to Save Spilt Milk



Tolerance may be gauged by digestion ; if too much, the child will pass green, undigested stools with curd.

Ostelin is a fat free Vitamin D and the dosage is on the bottle.

Cod Liver Oil, Malt, Keplers Malt and Oil or Roboliene are all body building and cold resistance extras and may be given from eighteen months old, one to two teaspoons daily.

Virol is an excellent body builder for the infant and may be given in bottle feeds where weight is unsatisfactory. Begin with the tip of a teaspoon in one feed and increase until in all five feeds if well tolerated.

Minadex and Vitamin Syrup help to build up a child after a cold or to help with loss of appetite. One teaspoon twice a day with meals.

Virolex is excellent to help constipation. One teaspoon before cleaning teeth at bedtime.

CHAPTER VIII

THE ART OF TAKING CHILDREN OUT

The Nursery Nurse who learns the art of making her charges' outings with her a joy and a pleasure, is an asset to any household.

Up to the age of six months the baby needs sleep and fresh air combined with a peaceful atmosphere, so that taking the baby outside the garden is inadvisable and unnecessary.

From six to twelve months interest in moving objects, in every day people and sounds, begins to be stimulated, and here the Nurse can show her wisdom. The developing brain needs few definite stimulations, but a quiet regular conversation in easy words will teach day by day. An eight to nine months baby will begin to imitate people's sounds, so start one syllable words such as mum, dad, etc. The intelligent use of the daily walk will add to this vocabulary enormously. The child who is backward in speech has often the lack of stimulation from his parents or nurse to blame.

From one to two years the child's interest will centre largely on animals, and here the nurse can begin to tell him simple stories about horses, cats or dogs which are seen in the daily outings.

Feeding the Rabbit Family



Between two and four years the child can add games in the park or country to the outdoor delights and can pick up and learn the different shapes of the leaves from the trees. He can learn the names of flowers, and that they have a scent from personal experience. Playing horses with reins, the mastery of bowling a hoop and catching a ball will also develop at this time.

At five years old the child can be taught history, botany, geography and many other subjects through observation on his walks with an intelligent nurse ; and an introduction to the stars on a dark evening will provide a great thrill.

In this chapter I do want to impress on every Nursery Nurse the duty that is owed by her to her charge. Too many Nurses are seen pram-pushing in pairs, threes, or even in groups, all the Nurses gossiping together, or eating sweets, while the children sit dull and quiet in their prams, unnoticed and neglected. By all means walk with your friend every afternoon, but do remember that your charge needs to be interested and talked with, and to, as well as your friend.

When the baby is first taken for outings in his pram he should remain in it all the time. When he has acquired the art of walking, however, and is reasonably steady, he will derive great satisfaction from being allowed to take a few steps alone when he is out in the

world outside his home. Should his efforts produce admiration from grown-ups all the better, his self-satisfaction will be increased. If he merely joins in the play of older children for a very few minutes he will be happy and will gain confidence from his period of liberty. A child who has just learned to walk must never be allowed to walk for more than a few minutes at a time ; several attempts are better than one long period.

CHAPTER IX

THE HANDLING OF CHILDREN

The good or bad behaviour of any child depends almost entirely on the good or bad handling of that child by the adult in charge.

Were the responsible adult blamed more often and the child less, there would be a diminishing number of "difficult" or "problem" children!

The choice of a nursery attendant is difficult, and still more difficult is the decision whether (1) to have a maid and take sole charge of the children yourself, (2) to have a part-time maid, part nanny and divide the cooking, house and care of the children, or (3) to have a trained nanny and give her charge of the children while you run the house yourself.

Whilst baby is small and is being breast fed, a maid to take all the cooking and some of the housework off your shoulders is undoubtedly the best solution.

Breast feeding means regular hours in the nursery, and you will thoroughly enjoy doing baby yourself and feeling free from household ties, or the emergency calls of cooking, just when a feed should be being given.

Once baby is weaned and you are not personally tied to feed times, the decision needs to be taken again.

Scheme 1 ties you completely ; socially it is difficult to go out with your husband or to go out to dinner or a theatre, as you are responsible for the regular routine care of your child, and he needs regularity.

Scheme 2 can be planned to give you and the maid a fair amount of freedom, and with a " give and take " spirit all social calls with your husband can be satisfied and so many evenings each week you can be free to do as you like without watching the clock for the 10 or 10.30 p.m. feed.

BUT and here comes the difficulty, you must secure a reliable girl or woman who is thoroughly trustworthy and capable of taking charge of baby when you are out. A woman who has nursed her own children, or the eldest of a large family who has helped at home, or just a really nice oldish girl who is fond of children and keen to learn would be suitable. Whichever type of part-time nurse you engage spend sufficient time teaching her your ways and make quite sure that she knows why you are so particular over hands being washed, or bottles and teats kept clean.

Once you know everything will be carried out in the proper manner, hand over for your time free from baby and don't worry. If you allow nurse to take an equal pride in the growth, development and care of baby she will have an object for which to work and will rarely fail to keep up the standard at which you are both aiming.

Scheme 3.—Business ties, extreme social or just dislike of regular routine will make this full-time nurse a necessity, but before you decide upon it consider carefully what it means.

Extremes are not necessary; you do *not* hand over your children completely, have no say in their upbringing, clothing or teaching; you do delegate a very great deal, however much you may mean not to, and “nanny” will loom much longer on the horizon than “mummy.”

Choosing a nurse is not easy, and after years of training nursery nurses, my feeling still is that choice is difficult!

Nursery training is a very great asset, the girl who has toiled and learnt through one to two years of training knows that she is honestly fond of children and enjoys working with, and for them.

The Training School Certificate honestly sets out the main characteristics of the nurse and states the standard of work to which she has attained.

Equally important as the knowledge of the nurse is her compatibility with the household. Do not engage a nurse who possesses any idiosyncrasy or mannerism that irritates you at the interview.

A quiet voice and manner are a great comfort to a small child, spectacles are not a hindrance, but any speech defect or stammer should never be considered in anyone working

with young children—imitation will follow in a couple of days, and a speech defect once learnt may take years to cure or even fail to be cured.

Adult spoiling is a very easy mistake to make, so often it begins when the adult is tired and for the sake of peace the child is "given in" to.

On the other hand, spoiling may be due to mental laziness on the part of the grown-up; it is easier, quicker, simpler to do the job yourself rather than to train the child to do it himself and see that he does it—BUT it is cruelty and not kindness to the child.

An elderly adult parent once said: "I may as well do as my daughter demands, I shall have to give in in the end, I always have," and half an hour later after the battle had been fought and won by the parent, the daughter remarked: "Well, mummy has put her foot down for the first time, as I have to do it I may as well enjoy the doing," and that daughter was well over sixteen years old!!

The term "spoiling" means indiscriminate giving in to the child because he will "scream" or "kick himself ill" if he doesn't get his way, with the result that little Horace yells and gets what he wants, developing into a loathsome little boy, until the day that he goes to school and meets a life that does not give in when he yells and the lesson is hard and the road full of pitfalls.

You want your child to grow up a likeable small person, so train him from the beginning to fit in to the scheme of life. As soon as he realises that he is a part of a whole and not the whole, he will take a broad view of life and share his enjoyment of everything.

Polite habits, reasonable cleanliness, truthfulness, nice table manners and NO whining are ideals at which to aim. No child will ever be perfect, he will give you away at the most awkward moments—but nothing will ever make you feel more proud than the natural polite way your son behaves out to tea, and nothing is calculated to make you feel worse than a spoilt, whining child at a tea party!

Treat your child and expect him to treat you as a reasonable human being. Where certain longed for concessions need to be withheld give a valid reason, and if you say NO, stick to it and don't vacillate: a child will usually behave logically if he is treated logically.

Good and Bad Handling.—Complete equability of temperament is ideal for working with children, but it is an ideal seldom attained; the highest praise in any nurse's reference would be "her attitude to the children never altered, whatever her own personal upsets or disturbances."

The adult outlook on the day is reflected in the child's behaviour, so take care that the child is not being blamed for being naughty when in reality nurse is not feeling well or has had some upset.

APPREHENSION



Photograph by Harry Stead

Is it going to be all right?

Make broad lines on which the child's day is run, but do not worry at convergences from these main lines.

For instance, a rule is made that "no sweets should be eaten between meals." Unexpectedly someone offers Johnny a sweet out of doors and Johnny takes one and runs up to you saying: "Look, Mrs. Jones gave me a sweet, I may have it mayn't I?" Your broad line remains, *but* if you say "no" is Johnny going to be absolutely honest with you every time? "This one—yes, but you do know it is better to keep sweets till after meals."

The "pot" problem is one that should never crop up if only bad handling could be eliminated. This controversial question will always exist, but, though a firm believer in early and regular chambering, I would prefer to see a child left unchambered for the first year, than that the use or not of the chamber should become a major crisis in a child's mind.

Bath terrors are caused by bad handling and need very careful treatment. No child should ever be forced to sit down in the bath, nor should a noisy waste be allowed to run out while the child is in the bath. No amount of argument, reasoning or explanation will persuade a frightened child to enjoy his bath until such time as he himself loses his fear.

Good handling is best defined by the result shown. A well handled child is confident, fearless, truthful and brimming over with happiness, good health, and security.



Photograph by Harry Stead

It is all right

CHAPTER X

SOCIABILITY AND SHARING

The first eighteen months of a child's life is completely unsocial. As a tiny baby he may be contented when people coo and talk to him, but as soon as he realises himself as a person he becomes the isolated individual.

Take four or six children of a year and leave them together in a large day nursery—each child will collect his own particular toy or toys, or even article of furniture, and make his own individual and solitary game.

About eighteen months of age the child tends to drift into small groups of twos and threes and "family" games and social mixing begin.

The only child suffers the drawback of no others with whom to develop the social sense, and this is where nursery centres and early kindergarten classes can give such tremendous help.

The thrill of playing mothers and fathers and faithfully reproducing the daily routine of a household must be great, and the reality of the make-believe has only to be seen to be believed.

The Matron of the nursery often finds her own pet weakness or failings acted before her eyes by the two to five year old, and wise is the woman who can profit by the acting!

Helping Mother



Children in groups rarely need adult help to keep them amused, one child gradually stands out as the leader and he or she will lead the games and start the line of imagination.

One group of children had been carefully guarded against the horrors of war and bombings of London and the homes from which they had come, but the entry of a three year old straight from a bombed city started the "shelter" game.

Bangings and bumpings from the nursery led to quiet investigation, and these once "guarded from horrors" children were sheltering under an improvised shelter made of nursery chairs and tables, while the visiting three year old imitated the screech and bump of bombs.

Sociability in the sense of politeness to visitors needs to be carefully guided. A small child is essentially suspicious of anyone strange or any strange place and his power of adjustment to change must be gradually fostered.

Place yourself as a young, shy adolescent in the position of a child whom you as parent expect to be introduced to a group of strange people in your drawing room at afternoon tea. You were shy as an adolescent the same size as the strangers, how much more shy must the small child feel faced by people so much bigger than himself?

The child needs to become a member of society, but be careful how you introduce him

—let his introduction to a grown-ups tea party be gradual.

Invite someone who understands children to tea with you and invite your child in after you have finished tea, expect him to shake hands nicely and if possible say "How do you do," and then supply him with a favourite book or toy and ignore him.

Very soon the child who is left alone by the visitor will creep up to her and suggest a game or show a picture and the friendship is established and the first step to social contact made.

Manners.—"Manners maketh man" is a true saying, and the learning of good manners begins when the child is still a baby.

Teach and insist upon "please" and "thank you" as soon as the child can speak, but remember that you yourself must be equally polite to the child.

Table manners need teaching methodically and regularly day after day from the time the first meal is taken sitting in a high chair or at a small table.

Teach the child to eat properly from the start; do not allow bits of meals to be left, crusts to be dropped on the floor, milk to be dabbled in with spoon or fingers, then your child will learn good table manners.

Turning over of the spoon just as it enters the child's mouth is a temptation and difficult to irradicate once started. Keep on the watch and prevent the spoon turning immediately,

once the child has enjoyed the feel of the food tipped out on to his tongue instead of using his front teeth and top lip it is difficult to cure.

Where a child shares the adult table the question of "getting down" must be considered. The child should not be expected to sit quietly until the adults have finished, but on the other hand he should not be allowed to "bolt" his food so as to get down to play; a happy medium should be the line at which to aim.

The "only" child does suffer from too much concentrated adult notice and conversation, but this is difficult to avoid; early kindergarten where possible seems to be the reasonable solution.

A point not always recognised is the shock felt by the "only" child when he is first mixed with any number of other children.

A two year old boy who had always been cared for by his mother alone was suddenly catapulted into a small nursery of 25 children. The settling down of that small boy took two weeks, instead of the usual two days, because he was afraid of children in a group, not because he was homesick.

After one week trying all known methods it was decided to take extreme measures and treat him as an individual child with meals alone, sleeping alone, playing alone and then to introduce friends in ones and twos.

The experiment succeeded and at the end of

the second week the small boy was playing, eating and sleeping in with all the other children as a full member of society.

Sharing Attention and Possession.—Sharing does not come naturally to many adults, so it must not be expected to be too highly developed in the small child. The first big "sharing" comes when the second baby is born, and the preparation for this event can be carried out as soon as the child is old enough to understand what is being said to him.

Sharing of sweets with his parents, cutting the second birthday cake and sharing it amongst his friends, his special cake to be shared with other people.

Sharing of toys when other children come to play is not easy to teach. so often the child fears that his treasures may be taken away in some mysterious way, so where possible keep his most precious toys out of the nursery when friends come to tea.

Sharing attention is more readily learnt where the mother shows the child that his father is sharing her sometimes. The child is put first in everything—this is a mistake, as sooner or later attention must be given to others and he will resent the change instead of accepting it as the normal course of events.

True to life is the old story of the two small boys who were told that mummy and daddy were giving them a new little sister for Christmas, and quick as lightning came the reply: "We wanted new coats, can't we change her?"

CHAPTER XI

TRAVELLING—CHANGES IN ROUTINE

Travelling with children needs to be divided into three age groups—Infants, Toddlers (1-4) and older children (four years upwards). Each needs such different treatment that I will keep them separate.

Infants.—From birth up to eight months travel is easy if the mother or nurse plans everything in advance—down to the smallest detail.

Assuming that the journey is a long one and you will need to catch a train before the 10.0 a.m. feed, baby should be bathed over night in place of the more usual top and tail and before the 6.0 a.m. feed should be washed and fully dressed, after the feed put on all outdoor garments and tuck him into his Moses basket and put him in an unheated room ready to pick up and put in car or taxi.

Prepare bottle feeds (if not breast feeding) and cork each bottle with a boiled cork. Boil out a screw topped jar and put teats in ready for use.

Feeding bottles, if the food is put in hot, can be kept warm by wrapping in Turkish napkins and packing in a basket with a hot water bottle at the bottom, a thermos flask of boiling water

and aluminium bottle heater will be all that will be needed to reheat feeds on the journey.

In a small suit case, pack all the things you will need for baby on the journey—clean feeders, clean nappies, a mackintosh bag to hold wet napkins, a sponge bag with damp flannel for wiping buttocks, and a damp sponge for hands, grease for buttocks, a small rough towel and a face towel for your own hands and for baby.

Pack in also all the articles needed for the night when you arrive—this will save unpacking and searching for the necessary things in your own larger case and will save you worry and anxiety.

If breast feeding, all you will need will be a clean towel and boiled nipple swabs in a sterile jar in place of all the paraphernalia of teats and bottles.

The extra cost of travelling in a first class carriage will be money well spent. You can usually get a first class carriage to yourself so that you won't have the difficulty of changing and feeding a baby in front of an audience. If you must travel third class choose a "Ladies Only."

Don't use the towels in a railway lavatory if handling a baby, and above all don't try to change or feed baby in the lavatory.

Give yourself time to eat a proper breakfast, it is better to have to get up at 5.0 a.m. and get off peacefully, than it is to have an extra hour in bed and have a rush at the last minute.

with no time to drink a hot cup of tea and eat breakfast.

Start for the station in good time, find a porter who will carry baby in his Moses cot, ask the porter if he could send the dining car attendant to see you, and here two courses may be taken. If the first class is not busy you will be able to take baby into the dining car in his Moses and put him peacefully on the seat while you eat a good dinner, or on the other hand if the train is busy the dining car attendant will arrange to bring you a tray at a time convenient to him. *Don't* leave eating out.

Change and feed baby first as you would at home. If the train is due in about 6.0 p.m. give the 2.0 p.m. feed a little later so that the 6.0 p.m. feed may be given when you arrive.

On arrival be adamant about going straight up to your room and keeping baby quiet. Don't let anyone come up and see you put him to bed and feed him that first night; he has had a tiring, nerve straining journey and he needs absolute quiet and a return to regular routine as soon as possible.

No baby will be upset by a holiday provided you keep his routine absolutely regular.

Toddlers.—Travelling with a toddler is a more difficult problem; regular rest time is impossible, railway food is unsuitable, boredom and overtiredness hard to avoid—but a great deal may be done by forethought.

Two or three days before the journey give three to four heaped teaspoons of glucose each

day and keep down fatty foods; don't give bacon or fried bread and put only a scrape of butter on toast and bread.

Collect half a dozen treasured toys and put them in the journey suit case ready to keep him occupied from time to time on the journey. Avoid toys that necessitate scrambling on the floor; the child will get dirty anyhow—don't make it worse!

On the day you travel plan the train if possible so that his regular bowel evacuation is not interfered with—this is a most important point.

If possible don't attempt to travel until one hour after a meal, this will avoid train or car sickness in many cases.

Give a light breakfast, hot cereal with plenty of sugar, stewed fruit, honey, toast and orangeade instead of milk.

Pack the child's own suit case with toys for the journey, a wet sponge and flannel in a waterproof bag, two towels and a small chamber, a jar of barley sugar, spoons for meals, a child's plate and mug, a tin of Heinz or Libby's prepared vegetables, a small bottle of orange juice, a few sponge fingers, a banana or apple and a pint of certified milk or whatever milk the child generally has.

Pack in night clothes if possible and take a rug or blanket with you to lay the child on on the seat to rest him if practicable.

Solicit help of porters and dining car attendants as before, but this time arrange for

the toddler's dinner to be heated and given to you to serve—the tin of vegetables heated in the tin, a little fish, half a potato (you can mash it all up on the toddlers own plate and moisten with a little milk) ; mashed banana and sponge fingers will suffice for pudding, and orange juice to drink. Don't risk train water, milk or implements for a toddler any more than for a baby.

Chambering can be done in the lavatory, using the child's own chamber, and don't be embarrassed over carrying a covered or wrapped up chamber down a corridor with a toddler—it is common sense and necessary.

Tea or other meals would need to be planned beforehand in a similar manner.

Keeping a toddler occupied is not so simple. Watching sheep, cows, etc., from the window is fun for a short time, but if you know the child is subject to car and train sickness, don't let him look out of the window at all, the sliding movement of passing scenery aggravates the condition.

Building large section jig-saws, reading from a well-known book, looking at pictures, a favourite toy or teddy last a short time.

When the regular rest hour approaches, give half an apple to eat, chamber, wash hands and face and putting rug on seat, lay the child down to rest and see that he does stay lying down, even if he does not sleep. Here again keep to regular routine as much as possible.

Half an hour before the train is due in, pack

up all toys, wash chamber and put a clean coat and dress, etc. (if required) on the child and sit quietly telling a story or talking of the granny or auntie the child is going to see—this avoids a hustle at the last minute.

Avoid too much excitement on arrival, take up to bedroom and allow child to become familiar with surroundings, if time allows, before putting into bed.

Don't forget the mackintosh sheet for the cot or bed. If you haven't your own cot and mattress with you make doubly sure that no bed-wetting from nervousness or strange surroundings can make you ashamed when you leave!

Other Children.—Ages from four years upwards need very little early planning, except for the addition of glucose and cutting down of fats in meals two or three days before the journey. The greatest difficulty here is to avoid too much anticipation and excitement.

Talk quietly of the coming journey and visit and work in the co-operation of the older child. From four years upwards the child can polish slippers and wrap them ready for packing, learn how to fold garments and the order in which to pack a suit case of clothes.

Where the child is easily over-excited, avoid all mention of the visit beforehand and pack by yourself—no amount of quiet preparation will stop such a child from an attack of biliousness.

Again with older children, the slogan needs to be—keep to regular routine and above all don't allow the child to "stay up late" because he is on holiday.

Journeys Overseas, etc.—Where a child of any age has to be taken on long sea and train journeys previous preparations are vital. Visit your local Cooks or journey agent and obtain full details of all service available. One steamship line provide one type of help and a different line another type, so no hard and fast rule of help can be outlined.

If previously notified any ship will carry and supply any well-known baby food that you may need, and excellent orange substitute and tinned vegetables, etc., are on the market to help make life simpler for the mother or nurse.

Summer Holiday Difficulties.—Keep as closely as possible to regular routine, avoid sudden exposure to sun and sea air, always remember that seaside sun has much more power of ultra-violet penetration than town sun because of the pall of smoky air that hangs between the sun and the town people.

Keep bed and rest times at the usual stated times, or even a little earlier, if the child is fretful from over excitement or over strain.

Don't let a child play on sand and paddle without a hat or sunbonnet that protects head and neck.

Don't expose the child so that he suffers from sunburn, use a reliable sun-tan protective at the beginning.

Should the child have the misfortune to get his legs or arms sunburnt *don't* put him in a warm bath, the pain is agony, dab well with calomine lotion or apply quinine ointment or Skol—these relieve the burn and save much misery.

Keep to certified milk, don't think because it is a holiday that any milk will do, it is here that the heaviest risk of tubercle infection is run. The child who has been guarded will fall a prey much more easily than the child who has had to run risks early in life and made his own immunity—this does *not* mean that the early risk is wise.

CHAPTER XII

TEETH AND TEETHING

Teething starts at very varying ages in children, some may begin as early as four months and others delay even as late as 13 months without any need for anxiety, though it can be very maddening for mother, who has taken her baby to the Clinic and been very keen to do the best always for baby, to have a 13 months old child with one or even no teeth and the next door neighbour may have been thoroughly happy-go-lucky and have a child of similar age with 8 or 10 teeth. Do not worry, the child whose diet is carefully watched will have strong fine teeth.

It should always be borne in mind that the baby begins to "dribble and teeth" some time before a tooth is actually through.

Care should be taken to avoid putting every upset or rise in temperature down to "teething," but it should always be borne in mind from six months to two years.

The milk or first teeth are already in the gums before birth, so it is the mothers pre-natal care and diet that forms these milk teeth (though should the child have a severe illness during his first two years, this may result in early decay showing in the first teeth).

Concentration at One Year Old



Care over the first teeth should be taken ; it is in the development and care of this first set and the child's general health and diet that will develop sound permanent teeth.

The usual order in which the milk teeth are cut are :—

7th month—Two lower central incisors.

8th-9th month—Two upper central incisors.

10th-12 month—Two lower lateral incisors and two upper lateral incisors.

14th month—Four first molars.

17th month—Four canines or eye teeth.

24th month—Four back molars.

Neither age of cutting nor order in which the teeth are cut are adhered to nor do they hold any significance.

Dribbling is the earliest sign of teething, and may cause some minor upsets ; put a small mackintosh feeder between vest and frock if it is not liked on top of frock.

Keep the child's chin well greased, as the constant flow of saliva may cause chapping and soreness of the skin round mouth and chin.

Nivea cream is excellent, or Johnson's baby cream, Vinolia or Lanoline.

Baby may be cross and a little off colour the few days before cutting a tooth ; keep his gums well rubbed with Milk of Magnesia to keep the heat and pain out of his mouth, the alkaline of the Milk of Magnesia and the firm friction of rubbing ease baby greatly.

Convulsions.—When a child is having convulsions, the eyes begin to twitch and the

CHILD DEVELOPMENT

hands clench and unclench ; the teeth are usually clenched together ; the spasm of convulsion or tightening of muscles becomes more severe and twitching of hands more marked, then dies away on hot bath and cold head sponge treatment.

Constipation should be avoided at teething time, as it seems to be the combination of constipation and the general pain and irritation of teething which cause convulsions.

Should you have the misfortune to need to deal with a child in convulsions, do not stop to undress the child, but run a hot bath about 104°F. and pop the child straight into it and hold a cold water compress to his head. Try to get someone to telephone the doctor, but the worst spasm will pass in the bath and you need not fear ; loosen clothes in the bath and when the spasm of twitching has passed lift baby out and dry in a warm room and put baby into his cot in warmed nightgown, with well covered hot water bottle and plenty of warm blankets.

Keep him warm and in a quiet room with curtains pulled, but do not let the night come without doctor seeing him, he will probably advise a mild aperient and possibly a sedative.

Do remember that convulsions do NOT often occur.

When the child has cut a few teeth, regular night and morning brushing of teeth should begin. You can buy rubber tooth brushes which can be boiled and are soft in use, yet

One Year Old—Balance



quite firm for friction, or longer badger hair tooth brushes which are very soft.

Dip the brush in Milk of Magnesia and rub the teeth up and down and across, front and behind ; have a game over tooth cleaning and all will be well ; wash brush well after use, rinse in cold water, dry and stand bristles up in the child's individual tooth mug.

Just occasionally a baby is born with teeth, and cuts odd extra teeth in the wrong places. It is always wise to get the advice of a good dentist, as a well developed jaw with straight, nicely placed teeth are an asset in later life.

Breast feeding is the best early jaw exercise, whereas dummies are the very worst offenders and cause a narrow jaw and protruding teeth. Very persistent thumb sucking may also push out the upper teeth, but it needs to be of long and persistent duration ; occasional thumb or finger sucking is a comfort habit and not harmful.

Minor Upsets.—Here again there are no rules, one baby cuts his teeth and you do not know it until you see the tooth, the next baby may have persistent minor upsets, and yet another be really ill and you can do very little about it !

Many children cut teeth with a running nose and a cough, but this is often due to the constant wet chest due to dribbling if no bib is worn. In this child care must be taken to guard against bronchitis.

CHILD DEVELOPMENT

Keep the child dry and warm, rub his chest with Vick Rub or a mixture of oil and equal parts of Camphorated Oil, Eucalyptus Oil and Almond Oil ; rub in back and front and well up the child's neck, but be careful not to rub too hard or you will irritate the skin. Use every three to four nights as when the cough is troublesome.

Another child may appear " bubbly " in his chest (rather like a mild catarrhal bronchitis) ; one or two teaspoonfuls Angers Emulsion daily often helps this during the winter. Keep his cot and pram mattress propped up a little, with a pillow under the head end of the mattress ; try to prevent him sleeping on his back.

CHAPTER XIII

THE NURSERY MEDICINE CUPBOARD

The family medicine cupboard may be the same as the nursery medicine cupboard, but should primarily be for the use of the children in emergency and not be cluttered up with useless cures.

Disinfectants

3/- bottle of Dettol.

Bottle D.D.T. for fly spray and spray.

Lotions

Bottle Ponds Extract for bumps.

4 ounce bottle 1 in 1,000 Acriflavine for cuts and grazes.

8 ounce bottle Boracic Lotion for eyes.

Calomine lotion for sunburn.

Ointments

2 ounce jar Zinc and Castor Oil.

2 ounces Boracic Ointment.

2 ounces Nivea cream for faces.

2 ounces Hydrarg Ammondyl.

Acriflavine cream for cuts.

Tin Antiphlogistin for poultices.

"Blue" for stings.

None of the above are for internal use, so must be kept on one shelf away from medicine.

One Rectel thermometer and one mouth thermometer.

Medicines

Milk of Magnesia, Glycerine Suppositories (medium size).

4 ounces of Olive Oil.

Gripe water.

4 ounce bottle of good cough linctus such as Cherry Linctus.

In addition keep a tin of First Aid dressings, squares of lint spread with boracic ointment for scraped knees, a roll of gauze and six assorted cotton bandages and safety pins.

In the nursery and on top of the medicine cupboard and in the kitchen keep a tin of "Tulle Gras" ready for immediate application in case of burns.

Any special medicines will be ordered direct by the doctor should the need arise, and it is wise to date the new medicine and its purpose before putting the bottle away when the first need is over. No medicine will keep indefinitely, so do a periodic spring clean and throw out stale mixture.

1. Do not dose a child of under three years with Aspirin except on medical orders, the child may not tolerate it and collapse.

2. Never give Castor Oil internally to a child for any reason, always ask your doctor to see the child first. The tummy pain and sickness may be an appendix and the castor oil will perforate it.

3. Aperients are seldom necessary, increase spinach in the diet and give added water to drink.

CHILD DEVELOPMENT

4. Never go to a medicine cupboard in the dark, someone may have moved the bottle and you will make the mistake.

5. Always remember that it is the shock to the child of the burn that does the most damage.

6. Remember that a child tends to get worse at night, so don't wait until the night to telephone the doctor. Ring him early in the day.

7. If you make light of a bump or a cut the child will scarcely mind, but if you show horror or fear you will put the same feeling into the child.

8. Never make a promise that you cannot keep, and never break a promise once made.

9. Always tell the child the truth, an untruthful answer to a question has an uncomfortable habit of returning on you.

CHAPTER XIV

THE TODDLER AND THE NEW ARRIVAL

The introduction of a new arrival to a toddler, or first child, needs to be skilfully handled to secure complete co-operation and adjustment of the child's mind.

Remember that time is very difficult to a child, so it is wise to keep the news of the new baby until near to the expected date, say, within six to eight weeks.

The plans that have to be made ahead, the new small garments being knitted or sooner (if commented upon by the elder child) must be truthfully answered: "Mummy, who is that vest for, it is so small?" can be dealt with by "Oh, it is for a new tiny baby, perhaps one day we will have one here; do you remember Mrs. Brown's new baby?"

Your figure will not be commented upon by the child, beyond a casual remark perhaps, that you are getting fatter. This again can be dealt with quite happily: "Yes I am fatter I expect, but it doesn't really matter does it."

When you get the cot or basket out to trim is the right moment to let the answer merge into real life. Get your child to help you here in the thrill of the preparation for the new baby.

A child of three years or over can be a real help and will be thrilled with the thought of a new baby brother or sister. If you desperately badly want one sex, do NOT stress that to the child or the arrival of the opposite sex to your desire may be a disillusionment to the small child, who will find it difficult to adjust to a world where mummy cannot get what she has specially asked to receive.

Guard against the well-meaning person, who, when they know a new baby is expected, turn round to your Mary or John and say: "Ah! Now your little nose will be put out of joint." Even at the risk of offence, deny such thoughts out loud and say: "Oh no, Mrs. Green, Mary or John have been helping me to get everything ready and are delighted to have a new baby in the home to help me look after." Jealousy hurts so terribly, that you must prevent all busybodies from speaking words that might plant seeds of jealousy. All questions that are asked you by your children must be answered truthfully. All details are not essential, but the root truth is, that God made mothers and fathers who love one another and the mother and father, together in love, are able to make a baby develop from a small seed to a living infant. If you answer all questions simply and honestly the child will accept your word and forget details—even if these need to be told.

A baby grows and develops in a special place inside the mother; when it is ready to be born

the baby comes into the world and is a real live person who will grow up into a boy or girl child.

Let your child know how the new baby will be fed, as he or she was fed as a baby—from your breast milk. When the baby is ready to come, the breasts are supplied with milk especially to feed that one baby; baby is utterly helpless and will lie in your arms and feed from you. Tell your toddler this, and even let him sit quietly, if he wishes, to watch you feed the baby. The more open and honest you are with the child the better for family relations.

Be very definite on the subject of breast feeding. Before the toddler sees you breast feed the baby, explain in detail and if necessary show him the breast and squeeze a little milk out, saying: "This is the milk that baby takes." The process of breast feeding without explanations may look as though baby was eating you and this has caused agony in one toddler's mind to my knowledge.

Father may come in for his share of questions. Discuss the answers beforehand with him, let him be completely honest, and with an older boy, the father can help him with simple facts which will be a helpful standard for later on. The teaching of care of his mother at all times, and specially when she is carrying a new life inside herself.

All this preparation beforehand and joy of anticipation and sharing should be a help to

the elder child or children, but the time of arrival must also be discussed. If you are to have baby in the house, it is wise to tell your child that, when baby comes, you will have to stay in bed for two weeks. Nurse and doctor will come ; tell the child if he is to go away for those weeks and the reason ; explain that you could not look after Mary, and have to stay quietly, etc., and that by being very good when away, you will get better more quickly and very soon Mary will be back and helping you with the baby.

Should the house be big enough for the child to stay during the birth, be very careful how child and baby are shown to one another.

Do not have the baby in your arms the first visit to your room, the child has never visualised anyone else in your arms and this adjustment must be gradual. You and Mary trimmed the cot together, so leave baby in this cot beside your bed, and let Mary come into your room to see you—then ask if she would like to look into the cot. The baby is her brother or sister and so shared by all the family together.

Day by day let the toddler take a helpful share in the care of the baby, explain why she wets and soils napkins. etc. Remember that a two year old may often revert to wet or soiled knickers in a desperate effort to get more attention if he feels that he is in any way being given less care than the new arrival. Should this happen, do not scold, but explain very

carefully that Mary or John is old enough to be clean, and it is so nice to have big children—little babies are so young that they wet and soil and are not yet big enough to be expected to be clean, though they must be held out on pots.

The toddler may resent baby sleeping in your room. Again you need to stress the fact that when Mary was little she always slept in your room, but now she is big and can even help with baby she has gone to sleep in her own room. It is even wise in some cases to let the month old baby sleep in the same room as the older child to avoid any really acute jealousy, but this is not often necessary if the pre-natal handling of the older child has been wisely carried out. Difficulty is rare after the birth of child number two, it is usually the only child that is difficult.

Care must be taken that the pendulum does not swing too far to the side of the baby. The toddler must not be expected to give in completely, the share must be equal.

The toddler's toys must be respected, as must the toys of the baby. I have seen a toddler stand with agony in his eyes while the ten month old sister destroyed a treasured toy; this is as unfair as the older child being allowed to destroy or take away the baby's special toys. Give and take is very difficult as a child, though sharing in moderation should be taught from very early days.

CHILD DEVELOPMENT

The unselfish child who is expected to share his sweets with the family and visitor should always be included when other members of the family hand around special sweets, fruit, etc. A child is so essentially logical that a rule that fits all is what he will expect and should receive.

CHAPTER XV

ILLNESSES AND INDISPOSITIONS OF CHILDHOOD

The most important rule to obey in the care of children is : " Never ignore the slight upset, as it will be more difficult to cure once the illness takes hold."

Cold in the head is a very simple complaint, but the child feels ill and miserable and is far better kept in bed or in his own room for 24-48 hours. Early treatment of a cold may not cure it altogether but will prevent the cold going on the child's chest. Rub vaseline on the bridge of the nose and insert a little up each nostril on twists of cotton wool.

A cresoline lamp burnt in the child's room from 6.0 p.m to 10 p.m. will often relieve the cold and give the child a good night's sleep.

Put two drops of eucalyptus oil on a handkerchief and pin to the side of the small child's cot to relieve congestion in the nose. It is unwise to give the child the handkerchief or to sprinkle the drops on the pillow as they may inadvertently be rubbed into the child's eyes and cause pain.

Coughs should never be ignored. Give $\frac{1}{2}$ -1 teaspoon of Cherry Linctus at bedtime. Use

the cresoline lamp if necessary, and should the cough persist rub the child's chest with Vick Rub, Camphorated Oil or a mixture of equal parts of Eucalyptus, Camphorated and Almond Oil. Rub back and front, well up the neck of the child, but do not rub until the skin goes red.

Bronchitis and Bronchial Catarrh are usually severe colds with a wheeze and usually a rise in temperature. It is always wise to let the doctor see the child and go over his chest, as an expectorant medicine to bring up the phlegm may be required. Cresoline lamp day and night; drinks of lemon and honey (the juice of half a lemon in a tumbler of hot water with two teaspoons of honey dissolved in the liquid); blackcurrant juice in hot water. All these help with this type of chesty cough.

All these conditions need a warm airy room, perfectly heated by a coal fire; open windows and keep the child in a jersey or cardigan over nightgown. Give frequent drinks two hourly by day and see the child has his bowels opened daily. Do not force solid food until the temperature is normal.

Eyes.—An aggravating eye complaint is a sty, and its constant recurrence must not be ignored. It may be a sign of eye strain or of some deeper trouble, such as a bodily septic focus, *i.e.*, appendicitis. The sty will begin as a small sore red spot on one or other eyelid and gradually increase in size. If the child is old

enough, he may be given a hot boracic eye bath and be taught how to use it.

Boil the eye bath and make a solution of boracic crystals—one level teaspoon in ten ounces boiled hot water, which, when a little is poured on the thumb side of the hand, feels comfortably warm. Put towel round child's neck. Fill eye bath and give it to child to hold in his hand on the side of the sty. Tell the child to lean his head forward till his eye goes into the bath, press firmly against the face and eye and holding the eye bath firmly tell the child to swing his head back, open the eye and feel the solution surround the eyeball and surrounding tissues. Repeat with clean solution two or three times every four hours. Should the child be too young for an eye bath or unable to work it satisfactorily, spoon bathing is excellent.

Boil a wooden spoon about the size of a dessert spoon, boracic solution as before, and put small balls of cotton wool into the solution. With the wooden spoon, press most of the solution out of the cotton wool and holding it in the bowl of the spoon put to the child's eye; this hot spoon bathing will relieve the pain in the sty, bring it up to a head and help it to burst and clear. In place of the wool, lint may be tied round the spoon, but must be changed with each fresh eye bath to prevent infection.

When sty bursts, bathe away all discharge and apply a smear of sterile vaseline or golden

eye ointment to the lids to prevent sticking together with discharge.

Penicillin eye ointment applied before styel fully develops will often cure the condition.

Repeated styes must be reported to the doctor, who, if he finds nothing physical to account for the styes, will recommend a good oculist to have the child's eyes tested.

Pink Eye or Conjunctivitis is a red inflammation of the white of the eye caused by infection through micro-organisms. It is contagious, being easily carried on flannels, towels, soap and on the handles of doors and bannisters where the infected person transfers the organism from his soiled hands on to the material touched.

Isolation is essential, treatment must be frequent; bathing with cotton wool in boracic lotion, one pledget of wool being used once only and keeping the eyelids well greased with vaseline or golden eye ointment. An attack lasts from one to two weeks, and the child should be kept indoors away from strong day or artificial light.

Blepharitis is over-acute inflammation of the margin of the eyelids, but is normally found in the weakly, sickly child only. It is called by many other names as well as Blepharitis, and the condition must be taken in hand at the onset or it may become chronic and turn into a red watery condition of the eyelids and loss of the eyelashes.

Ears.—Earache makes the child utterly miserable, it may be due to cold, draught, teething, or may be an abcess inside the ear.

First of all try a hot water bottle with only a little hot water in it and a good cover, persuade the child to lie on his earache side with the bottle under his ear, if the earache is only slight this heat will ease the pain and the child will sleep.

Should the child still not settle, warm quarter teaspoon of olive oil in a teaspoon over a flame—be sure the oil is not too hot, drop one drop on your own hand (the most sensitive spot is the fold of skin between the thumb and first finger), tell the child to lie down with his bad ear uppermost, and holding the lower lobe of his ear let the warm oil drop gently into the bad ear. Put a light piece of cotton wool in the ear and keep the child still until the oil has settled in and then use the hot water bottle as before and tuck the child warmly down on the bad ear.

Earache may have disappeared by the morning, but if it should occur again within the next few days, or the child have persistent earache all night let your hospital or doctor see the child.

Abcess or Middle Ear Trouble or Otitis Media.—Earache may be the onset of middle ear abcess and this possibility is what the doctor will be looking for. The red inflamed ear drum can be settled down with one of the

sulphonilamide drugs before the drum perforates and discharges.

Ear discharge smells abominably and can never go unnoticed, but try to avoid this advanced state by notifying your doctor if the child has persistent or acute earache and temperature.

Do not ignore earache or pain in the ear area, with a red or inflamed patch at the back of the ear and a rise in temperature, such symptoms may be acute and your doctor will decide.

Mouths in Children are noticed daily when the teeth are cleaned and any tender area round a tooth will be quickly spotted.

A gumboil may be only a small spot due to irritation, but may also be the danger signal of an unhealthy tooth, so should be watched. The red area may be dabbed with tincture of myrrh or any good spirit (such as whisky or brandy) which will sting, but will help to dry up the area.

Vincent's Angina. rarely heard of in England before 1918, has become quite a common infection since 1944 when the Germans introduced an acute infection into the occupied Channel Islands and our own troops brought it into this country.

The child resents eating hard foods, dislikes having his teeth brushed, and on brushing the gums may be seen red, inflamed and bleeding and receding from the neck of the tooth.

Should Vincent's Angina be suspected get your doctor in at once.

The child's mouth will have to be swabbed out gently with a weak solution of hydrogen peroxide (one teaspoon to one tablespoon water) after every meal or drink, and painted four-hourly with whatever paint is ordered.

Rarely can the infection be arrested. It usually takes its full course—red throat, red inflamed gums with small white septic spots and some ulcers on the lips.

All cups, glasses, plates, spoons and forks should be boiled after each use and the person (one only) treating the child must be extremely careful not to infect herself.

Diet is all important. Vitamin C is lacking in some way, and an ample mixed diet with excess of fresh fruit is advisable, but the chewing of raw carrot gives immediate improvement and is a cure to be kept well in mind. Give children one raw carrot a day all the year round and this low infection might be avoided.

After the mouth is quite clear, renew anything that the child has used, such as tooth brush, tooth paste, paint brush and even what remains of the used piece of soap. Soak all towels and flannels in disinfectant before washing and then boil well for at least thirty minutes. Sponges should be burnt.

Should the child be of an age for softer toys, and rattles being put into his mouth, send the soft toys to be cleaned, disinfect and boil the rattles he has used during the attack. This

may sound exaggerated, but a recurrence is best avoided.

Sore Throats and Tonsilitis.—Slightly sore red throats are not uncommon amongst children and should be suspected if a child suddenly goes off his food for no visible reason. Teach the child to gargle as young as possible, as a good salt and water gargle will save many colds and throats when the child goes to school.

A game can be made of gargling as young as two years old. Even if the child does swallow the water at first it will not matter and great fun will arise from the tunes that are possible during actual gargling.

Salt water gargle. Quarter teaspoon salt to six ounces water, should not be used until the child can gargle with plain water.

Tonsils were given to us to use as filters to guard against infection going further than the throat and as such, a cleansing station, should be regarded. It is not wise to remove tonsils unless they themselves have become infected and septic, and so causing an area or focus of infection.

A child will have enlarged and red tonsils because these tonsils have called up reserves to fight the infection in the throat. A good throat paint painted on throat and tonsils is good and will keep the tonsils healthy if the child complains of a sore throat, but it is not easy to paint a child's throat. Some carbolic lozenges are palatable, also Formalin lozenges,

but gargles and good food are perhaps the simplest cure.

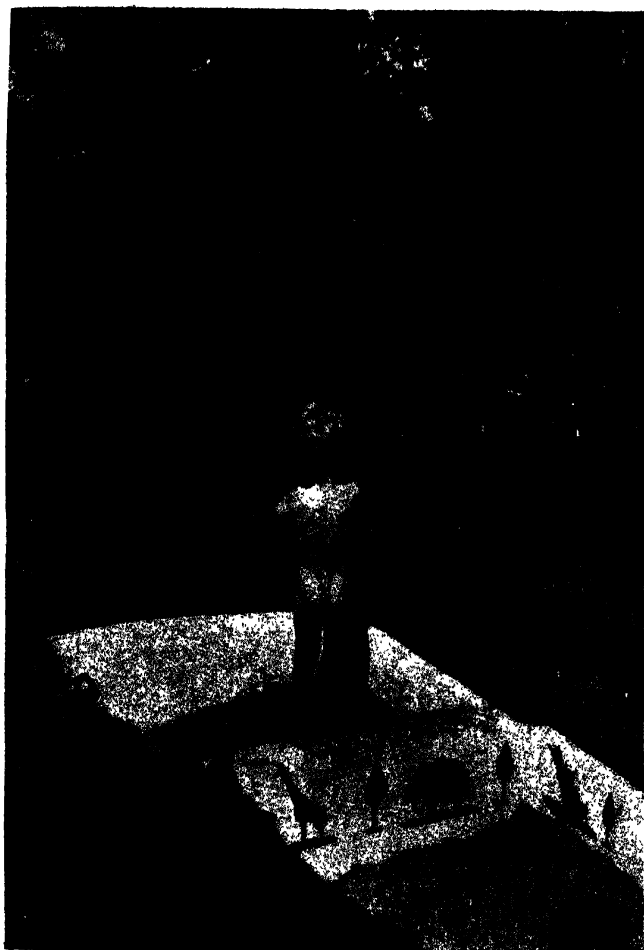
Should your child develop frequent sore throats and colds, or even bad sore throats with a rise in temperature two or three times in one year, let your doctor examine the child for septic tonsils—which must be treated.

Minor Accidents, Bites and Stings.—A healthy child is always bumping himself, climbing up and falling down, dashing down the path, falling and grazing his knees. Fingers and heads get cut, noses bumped and bleeding, bees and wasp stings, not to mention the ordinary gnat and mosquito bites.

Train your child to take minor accidents in his stride. Iodine should never be used, the pain of the sting is not worth the antiseptic power behind it. Acriflavine 1-1,000 or Acriflavine Emulsion are just as good, are a very nice colour, and they do not hurt on application.

Bumps and bruises treated with Ponds Extract immediately, will swell very little, and the action of the witch hazel in Ponds takes the pain out of the bump. Pour a little Ponds Extract into a saucer, soak a small pad of cotton wool in it and get the child to hold the wet pad over the bump. Where the area is near an eye, dilute the Ponds Extract to half strength—one tablespoon Ponds to one tablespoon cold water. However much of a crash the child has come, never let your own horror

In the Paddy Pool at Home

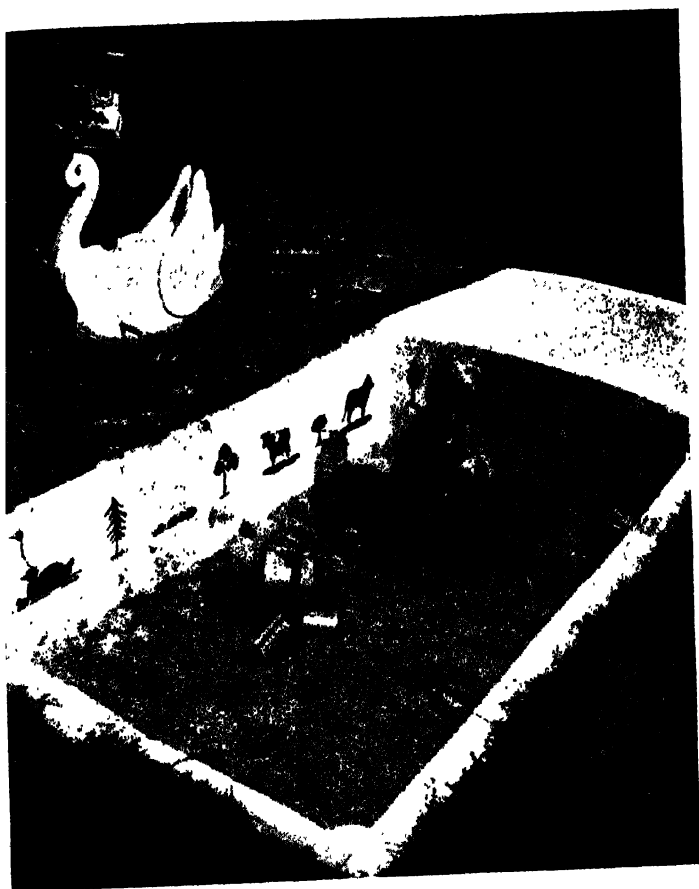


or fear reach the child. If you treat a child with blood pouring from his nose or lip in a matter of fact way, he will view it in this light also and not be afraid ; a very small amount of blood can make a terrific mess.

Bumped and cut lips, or even loosened and knocked-out teeth, are best bathed with cold water first to see the extent of the damage. The dentist can deal with any real damage if necessary, but on most occasions the mess will be much worse than the actual damage done.

Grazed Knees are very common in childhood and need careful dressing. If feasible, wash the knee well in warm water with your hands and ordinary yellow soap, a good lather and gentle rubbing will help to clean out mud and gravel from the grazed area. Dry gently on a clean towel, spread Acriflavine Emulsion on the smooth side of a piece of lint and bandage over the knee. With children it is always well to keep a few inexpensive crepe bandages in the house—3 in. wide is a useful size—these give with the child's knee and do not resist movement like an ordinary cotton bandage. Re-dress daily ; do not pull the dressing off, allow the child to soak the lint off in his bath. Once the graze is dry leave the knee exposed to the air at night ; it may be wise to cover the knee during the day until a sound skin is formed. Gravel rash does sometimes result from severe grazes on gravel, and if an area of red inflammation and little watery spots do

Home-made Sandpit and Paddy Pool



appear after a dressing of emulsion, fomentations are indicated.

Prepare a sound piece of linen (the size of a tea towel) and a medium sized basin, cut a piece of boracic lint $\frac{1}{2}$ in. larger than the sore area (or plain lint with boracic powder inside it or even boracic crystals in the basin—NOT on the lint), fold the lint inside the linen or wringer, bring the two ends hanging free over each side of the basin, pour boiling water over the centre of the wringer inside the basin, leave for a few minutes, then, taking the two dry ends, wring out the centre till it is absolutely hot dry. Open the wringer, pick out lint folded smooth side outwards, shake sharply and apply to knee, cover with a piece of jaconet or piece of oiled silk and cotton wool on top to keep in heat, bandage with crepe bandage and repeat two-hourly.

Antiphlogistin or Katoplasma may be used as a fomentation. Put the tin of Antiphlogistin in an old saucepan of water over heat, raise the lid slightly of the Antiphlogistin tin. Prepare a piece of white lint 1 in. larger than the area, a thin layer of gauze to cover lint and a piece of jaconet or oil silk, cotton wool and crepe bandage.

When the Antiphlogistin is hot in the tin, spread an even layer of the paste, with a knife on the smooth side of the lint about $\frac{1}{4}$ in. thick, lay the gauze on top of the paste and turn in the edges of the lint $\frac{1}{2}$ in. all round on to the

paste. Make a tidy packet, test on your hand to feel the warmth is completely comfortable, apply gently to the sore area, jaconet and wool on top and bandage in place. This will only need to be changed twice daily, as the paste retains heat, and the oils in the Antiphlogistin disinfect and promote clean healing.

Cuts are mostly slight and only need a wash in cold water or under the tap, a dab with Acriflavine and a small elastoplast dressing for a day or two.

Severe cuts of the head or any other part of the body or limbs if more than one inch in length should be seen by a doctor, as one stitch will make a neat scar rather than a nasty gape.

Reassure the child and apply cotton wool pad wrung out in cold or ice water and press firmly over the area. If after a few minutes you are going to apply a clean pad and find the bleeding is negligible, do not worry, re-apply cold pad three or four times and then a gauze and wool pad and bandage firmly, but not too tightly. The cut is probably less than you feared and will heal quite successfully.

Foreign Bodies in Eyes, Ears or Nose.—A few children in the process of bodily experiment push paper, peas, beads, small pebbles and even earth up their nostrils or down their ears and is a most distressing experiment which can cause much pain and, if unobserved, nasal and ear discharge or sepsis. You can give first-aid treatment if you KNOW the foreign

body has been inserted, but never poke around just to see, you will do more damage, and push the bead further up the nose or down the ear.

If the child is old enough and you know he has pushed a bead up his right nostril, get the child to hold his left nostril shut and blow down the right nostril in the hope that the bead will be blown down, but this is all you must do without medical help. If you know a dried pea has been pushed into the ear you must get the doctor to deal with it, as warm oil would cause the pea to swell and stick more firmly, but should the child feel an earwig or insect had crawled into his ear, half teaspoon warm olive oil dropped into the suspected ear would float the insect to the surface and so out.

Eyelashes or particles of dust or grit in a child's eye are best dealt with by dropping two or three drops of castor oil into the eye and telling the child to move his eyeball about inside his shut eye. The foreign body usually comes out with the oil as it oozes out.

Remember that the pain of the foreign body may remain for hours in the ear, nose or eye after it has been removed and this must be borne in mind in the handling of the child after treatment. You know the foreign body is out, so take the child's mind off the area as much as possible; tell or read a story and keep the child's mind fully occupied.

Splinters.—After the child has had a warm bath or soaked the area in warm water and the skin is soft, sterilise a sharp needle by holding

the sharp end of the needle in the flame of a match until it is red hot, wipe on a piece of clean cotton wool and allow to cool (a couple of minutes only), then, with the point of the needle, try to ease out the splinter, squeeze a little if needed and try again. Almost all splinters may be removed in this way. (The needle is rarely any use for sewing afterwards, flaming seems to spoil the smoothness of the surface.) Sometimes an undisturbed splinter may form a small septic spot—this needs to be opened in the same way as a splinter is removed and the splinter and pus gently squeezed out, and Acriflavine dressing will clean any small area.

Choking in a small child is most alarming and needs instant action. The child may be sucking a boiled sweet, or eating his meal and gets a piece of potato, fruit or custard caught in his throat. The child chokes, coughs, splutters, terrifying himself and sometimes going blue from insufficient air.

Reassure the child, pick him up and turn him over on to his face over your knee, smack him sharply between the shoulders when the foreign body will be shot forth; continue to reassure the child, in your arms until his breathing settles down normally and then give him a warm drink. Remember the shock to the child is even greater than to yourself.

Swallowing Poisonous Fluids. — Disinfectants, embrocation and all poisonous fluids

should be kept locked up and out of reach of all children.

Should poison, medicine or pills be swallowed by a child the immediate treatment is to turn the child over on his face and put your fingers down his throat and tickle it until he is sick, as he will be within a few seconds. Save the vomit and get your doctor to see the child without fail.

CHAPTER XVI

VOMITING AND DIARRHOEA WITH ATTENDANT ILLS

Sickness and diarrhoea will be best subdivided into age groups, as the six to twelve months child rarely vomits for the same reason as the child one to three years.

Six to Twelve Months

This stage of childhood suffers many changes in diet and routine ; great care must be taken to see that new tastes and textures are introduced 'gradually and tactfully. Never choose a very hot day to introduce new food in the diet, as the child automatically finds digestion a strain in very hot weather and it is wise to reduce fats in these hot days.

Should the child vomit for no apparent reason, keep him indoors for a day, take his temperature and reduce his foods to half strength, leave out semi-solids altogether. The vomit may be just one and prove to be nothing but a return of unwanted food ; on the other hand, it may be the onset of gastro-enteritis or any of the infections.

Take temperature four-hourly if raised, or night and morning only if less than 100°F. per rectum. Should the child continue to vomit with a rise in temperature, stop all food and give two-hourly drinks of warm boiled water

and glucose (one teaspoon to six ounces) and let your doctor know, as the condition should be treated before the child loses too much fluid and becomes dehydrated or short of fluid.

A dehydrated child looks ill, his eyes are sunken, face drawn and sometimes a little grey, and the skin on arms, legs and tummy can be pinched up between finger and thumb, the skin feels dry.

Diarrhoea may be only one or two loose stools, with no ill effects, due to too much spinach in his diet, or the introduction of a new food in too large a quantity. Again keep a wary eye on the child, and if diarrhoea persists give one teaspoon Kaolin in a little water every hour, reduce food, omit all roughage in the diet and give a bland pudding, such as arrowroot, to sooth the irritated intestine. If this does not settle the condition in twenty-four hours let your doctor know.

One to Three Years.—Vomiting at this age is usually a return of some food disliked or too fatty a food not digested. Treat by cutting down size of meals and give plenty of drinks with glucose added. Again take temperature as before, note if child's breath smells offensive, if so you should examine his throat and if clear suspect acidosis or intolerance of fat in that particular day's food.

Keep child separte and watch for spots and rise of temperature ; if no other apparent cause, should vomiting or temperature persist, let your doctor know.

Always examine every vomit, as it is not beyond the realms of possibility that a toddler may have eaten stones, poisonous berries, laburnam pods and seeds, etc. Nothing is so adept at eating "forbidden fruits" as a small child. Acorns will cause diarrhoea.

Diarrhoea may only be a temporary upset, but the condition should be watched with care. No child should be allowed to have more than four loose motions without some definite treatment being given.

Persistence in the condition means a doctor's help—though a child may be put on an apple and tea diet quite safely, this usually does stop the diarrhoea.

Make a pot of weak tea and pour off the fluid, strain and put aside, two or three glasses of tea may be given from one pot made with one teaspoon of tea leaves.

Grate up a raw apple ; give the child ONLY grated apple to eat and cold weak tea to drink, the tea may be just warm, but no sugar must be added. Where only cooking apples are obtainable these should be gently simmered until soft, and enough glucose to make palatable added. The less glucose added the less the risk of fermentation in the bowel.

Gastro - Enteritis in All Ages.—Gastro-enteritis, infective diarrhoea or summer diarrhoea and vomiting, is the dread infection in childhood and must be treated at the onset by skilled medical help and nursing. It is a

disease that kills and should never be treated lightly. The infant or child may have a sudden or gradual onset according to virulence of the infection.

Slow Onset.—The child may look and behave off colour, one or two odd vomits, one or two extra motions in twenty-four hours, the child looks unwell and is off his food. Within forty-eight hours the child will vomit after nearly every feed, pass six to eight green, slimy, bubbly, offensive stools in twenty-four hours OR the stools may be a bright orange instead of green.

Immediately you suspect this intestinal infection, stop all milk drinks and food and give hourly drinks of half strength saline and glucose.

To one pint, NOT boiling, water add half teaspoon cooking salt (not Cerebos or Sifta or ANY super-purified salt) ; it must be the real sodium chloride or kitchen salt. To each four ounces add one teaspoon glucose and give drinks of four to six ounces every hour until the doctor comes. When the doctor comes he will give you full instructions. The temperature may be raised or below normal.

Remember the condition can spread to other children and adults, so disinfect everything and take particular care over your own hands.

Sudden Onset.—The child may flare up an acute condition in two or three hours, don't wait—ACT.

Parenteral Diarrhœa.—In some septic conditions, such as post natal sepsis in an infant or pneumonia or bronchitis, a form of enteritis may develop which is a secondary condition, due to the primary septic infection, so never feel that any symptom, however small, is unimportant. As an example, a baby of eight weeks seemed a little chesty one night on going to bed, and he was laid on a napkin on his mother's bed; while the head of his cot was propped a little to raise his head and chest, the child sneezed violently and blew out an appreciable pellet of blood stained pus. Next day the child's temperature was 102 and he had loose, offensive enteritis stools.

The specialist visited the child, and the nose condition was reported immediately; the nasal sepsis became primary and the loose stools treated as parenteral or secondary. The stools cleared on nasal sepsis being eradicated.

Appendicitis may be heralded by a severe attack of vomiting with vague or definite localised pain in the right groin area and NO motion of the bowels for twenty-four to forty-eight hours.

Intersusception is a telescoping of one part of the intestine into the part directly above or below it and is caused by some irritant causing an intestinal spasm, usually where the child's muscle tone is very poor. Acute pain and a lump where the intestine has telescoped, followed by a stool that resembles red currant jelly in looks and consistency will result.

CHAPTER XVII

STRAINS, SPRAINS AND FRACTURES, STINGS AND SPOTS

A child may wrench his knee in a fall and simply pull the muscles rather more than normal, the ankle hurting for a little while, but no swelling or injury resulting.

A sprain is a severe wrench of any part, usually ankle or wrist, and is a tearing of part of a ligament or covering of a muscle, with often an escape of blood into the torn area under the skin. The pain may be acute with swelling and bruising to a lesser or greater degree—depending on the damage caused.

The limb must be rested completely and a large piece of lint or material soaked in cold or ice water wrapped around the injury and loosely bandaged, as the swelling may increase for a few hours. Should the child appear to have pain for more than twenty-four hours, without movement of the part, it would be wise to get the doctor to see the injury and possibly arrange for an X-ray for fear a bone may have been displaced or broken.

Greenstick Fractures.—The child under five years of age has soft bones which are being built up and formed, the ends of the long bones

have extra pieces not yet fully developed which will later join on to lengthen these bones (long bones, *i.e.*, in arms and legs). A child falling down will occasionally bend a bone and not really crack it across—as would happen in an adult with hard bones. This bent bone known as a greenstick fracture should be suspected when a child has had a fall and does not want to stand or walk or even possibly to use one hand or arm.

The suspected limb must be rested, arm in a sling lying on the bed, etc., and the doctor notified. In a way a greenstick is more of a nuisance to straighten than a clean break to heal. Complete rest, splinting, massage, followed by gentle exercise.

A child falling out of bed can easily cause an arm with a greenstick fracture and they are not very easy to spot. The child will probably only cry when moved or touched and not want to move the injured arm at all. A true fracture is unusual in a young child, but the symptoms would be similar to a greenstick fracture, only more acute. The doctor is the only possible treatment.

Concussion.—A child who falls on his head must be treated as a possible concussion, however mild. Should a child fall downstairs and sit up and yell immediately, it would be a sign that he had not really hurt himself severely, but the child who falls down and is still is a danger signal.

Pick up the yelling child and reassure him as much as possible, lay him quietly on your bed as a treat, sit quietly by him until he recovers himself and then put him on his own cot with the curtains pulled to keep out bright light.

Give a good drink of half strength saline and glucose or orange juice and glucose and tuck down to sleep, leave him on his cot at least two hours, or longer, if still asleep, and see how he is on waking. If the child is quite happy and bright after his sleep and wants to get up, let him do so ; if he is even in a mild concussion he will want to lie quietly, and possibly be sick.

The child who lies still is much more worrying ; pick the child up very carefully, put him flat on his cot with a hot bottle (well covered) to his feet and a small towel wrung out in cold water across his forehead. If the bruise is detectable, apply a small pad of Ponds Extract to keep down the swelling. Telephone your doctor and ask him to call. Note the time of the fall and time the child recovers consciousness. Severe headache and some degree of sickness may occur and the child should be kept in a quiet darkened room and all instructions given by the doctor followed in every smallest detail.

It is rare to get acute concussion in a child, as they seem to fall easily by nature ; this does not of course include such things as car accidents.

Sunstroke or Sunburn.—Neither of these conditions will occur in children if reasonable care is taken on hot days. Do not allow a child to paddle in sea or river with nothing on his head or without adequate shade over the back of his neck.

Sunbathing must begin and continue with caution.

Symptoms of sunstroke: Unhappy cross child, complaining of pain in the head, followed by vomiting and probably a rise in temperature even up to 104 to 105 degrees.

Treat as for concussion, give plenty of fluids and a dose of a mild aperient, such as milk of magnesia. • If the child looks ill or vomiting persists let your doctor know.

Sunburn is a literal burn of the skin through the rays of the sun and is almost as painful as a fire burn. Do not let the child have the sunburnt area washed or put in a bath, it is literal agony if this is done. Dab the burnt area with milk of magnesia or cold weak tea or calamine lotion or a solution of soda bicarbonate in a little water to make a milky paste. Keep the area covered by a silk or cotton garment until all the redness has left the skin.

Prickly Heat is not very common in England, though many Europeans develop it the first season or two of hot weather in the tropics.

The child with red hair, and a skin that freckles or burns very easily is the child who may be subject to this misery. The outlets of

the sweat glands on the skin become blocked, forming minute spots and blisters which irritate intolerably. Avoid all causes of perspiration, such as warm clothing, hot rooms and hot drinks.

Warm baths open the sweat ducts ; powder the skin with a mixture of boracic acid, zinc oxide and starch in equal parts. The irritation may be temporarily relieved by dabbing on calamine lotion or milk of magnesia. The rash itself is not dangerous, though the irritation is so intense that septic eczema or boils may result from scratching with dirty nails.

Heat Spots occur in some children with no definite cause. They may be small inflamed areas around the openings of sweat glands, or blistery pustules or hard white raised spots surrounded by red areas. All may be treated with a good dusting powder, equal parts of boracic acid, starch and zinc.

The pustules are best dabbed with surgical spirit or eau-de-cologne. A mild aperient such as milk of magnesia should be given and the child's diet looked into carefully. Some children cannot digest much fat in hot weather ; meat or porridge may also cause heat spots.

Mosquito Bites may be avoided to a great extent. Smear some of an anti-mosquito oil or ointment on the child's exposed parts, *i.e.*, arms, hands, legs and neck, and the mosquito will not come near the smell given off by the application. The bites should be treated with

spirit of calamine lotion or milk of magnesia to relieve the irritation ; any septic spot should be specially treated with formentations and the area covered.

Wasp Stings.—The stings of insects may be quite alarming to a child and little stress should be laid on the presence of wasps or bees in the room or the child will scream when he sees a fly. A wasp sting should be treated with blue bag or soda bicarbonate paste. Keep a blue bag in an old cup ready to moisten and dab on the sting area immediately. Reassure the child and keep his mind off the insect who hurt him.

Bee Stings.—Bees often leave the sting in the skin and this must be squeezed out before treatment is applied. Ammonia dabbed on will keep the swelling down. A child who bites a fruit with a wasp or bee in it may be stung in the mouth. The immediate swelling is intense and alarming. Lemon juice or onion juice applied immediately may keep the swelling under control and the child must be kept reassured and unfrightened. A doctor must be sent for.

Ant Bites may be allayed by ammonia or eau-de-cologne.

Nettle Stings may be relieved by bruised dock leaves or raw onion juice.

A child who seems extra prone to bites should have a tablespoon of Milton added to his bath, each night, in the summer—the insects dislike Milton and will not bite the child.

CHAPTER XVIII

CONSTIPATION AND IRREGULAR BOWEL MOVEMENT

The term constipation is broadly applied—ranging from a formed stool to solid round lumps which rattle as they drop into the chamber.

This being the case the term “constipation” in this chapter must be clearly defined: A constipated child is a child who does not pass a motion regularly each day and when passed the child strains and feels pain when pushing out the hard formed faeces. The infant who passes a large, mustardy, soft motion every three to four days is not constipated; he has poor muscle tone only, and it will right itself with added exercise.

Diet alone is the answer for the truly constipated toddler. Give a glass of water on rising, a glass of water and orange juice and glucose at 11.0 a.m. and repeat at 4.0 p.m. In addition to the normal fluid intake for the day, extra water is essential to the constipated child.

Increase roughage in the diet by giving two tablespoons of Kellogg's All-Bran with sugar and milk as a cereal part of breakfast and a small handful of raisins as a treat during the day.

Dinner time: decrease potato and double greens and be sure these greens are accurately cooked, *i.e.*, steamed or shredded and cooked in very little water for ten minutes in a closed saucepan. Prunes, figs (raw and cooked) and plenty of fresh fruit are all a great help to the constipated toddler. Encourage running, jumping and climbing to give additional exercise and increase muscle tone.

Aperients should never be necessary for any child, but a corrective such as Virolax may be of value early in the corrective training, but should be left off as soon as possible.

Where an opening medicine is needed to clear out any possible irritant taken by the child, the safe aperient is Philips Milk of Magnesia—half to two teaspoons according to age.

The infant of six to twelve months who is constipated, may be corrected by additional sieved spinach and greens; reduction of starch in cereal and potato and given the small quantity of water in which the spinach has been cooked—flavoured with half saltspoon of marmite in place of bone and vegetable broth. Sugar may be increased and, where possible, brown demerara sugar replace purified white sugar.

Each child should be trained from infancy to empty his bowels immediately after breakfast every day, this will soon become so much a matter of habit that it will be almost automatic.

Never allow a child to know that it matters to you if he fails to evacuate his bowel, or you will have given him a glorious weapon which he will use at any time he wishes to defy you—pretend complete indifference at all times.

The pot inhibition should never arise and it never would if adults would only realise how cute a child is in summing up anxiety or anger.

Should you have the misfortune to meet a pot refusal that tends to become a major issue, take the matter seriously and get in a temporary nursery nurse or send the child to a residential nursery for a few weeks; either course should prevent a "pot inhibition" and take the battleground away from the mother and child relationship which is important.

Persistent constipation may be cured by giving half a jar of Brands Prune Pureé at the 10.0 p.m. chambering time, when the stomach is empty.

Constipation Exercises.—Constipation in the baby or toddler is one of the commonest and most disheartening problems to be dealt with by the nursery nurse. Constipation needs to be divided under headings:—

1. Constipation in the baby one to eight months; due to sluggish bowel, lack of exercise, milk as a constipating element.
2. Eight months to two years; due to sluggish bowel, mismanagement of training in evacuation or psychological condition where anxiety on the parents

or nurses part reacts as a dislike or refusal to evacuate, incorrect feeding.

3. Four to five years ; sluggish bowel, laziness, irregular sitting down, incorrect feeding, lack of exercise or psychological condition.

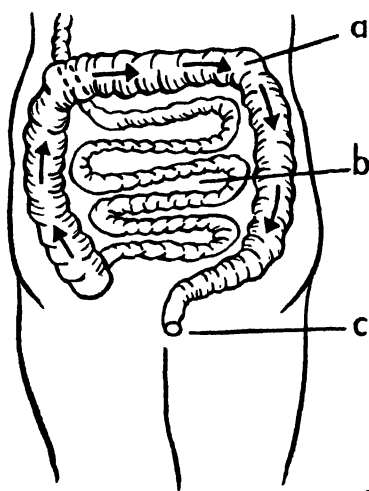
1. Treatment

1. One to eight months. Balance the constipating element in the milk by the addition of extra fat, either as cod liver oil, haliverol cream, and the addition of sugar as ordinary Demerara sugar, Dextra-Maltose, Maltogen.

From four months half to two teaspoons of prune pulp may be given daily, depending on results.

2. Cure the sluggish bowel and lack of exercise by the following treatment, carried out in the morning, after bath, before the feed, and in the evening after sponging, before the feed daily—until improvement is definite, then reduce to mornings only before feed, for the massage movements.

(a) Lay the baby flat on his back on bed and with olive oil on the tips of three fingers start a *firm kneading* and moving on movement from the right side of the baby's intestine, following the large intestine round to the left side ending at rectum. (Illustration.)



Repeat complete *horseshoe* movement six times. Complete circle must not be made owing to position of bladder.

(b) Holding baby's right foot and ankle, bend knee and thigh with firm pressure into abdomen, holding opposite leg stationary on bed and draw down again ; repeat six times and then change to left leg and repeat six times.

(c) Holding both legs repeat movement with the two legs six times.

2. Treatment—Eight months to Two Years

Massage to correct sluggish bowel and lack of proper training in the art of evacuation as a

small baby—this training must be quiet and matter of fact with no sense of wrong doing if the bowels are not opened, or the psychological condition arises at once.

Balance the child's diet gradually, introducing full mixed feeding with sieved prunes and apricots, orange and tomato juice, spinach, etc.; and after 16 months the introduction of roughage in the form of wholemeal bread toasted will help.

The psychological condition at eight months should not be acute, though over anxiety, too long sitting out, or sense of guilt (sub-consciously given to the child who does not have his bowels opened), is the beginning of a true inhibition in the 18-24 month old child.

3. Treatment—Two to Five Years.

Massage to correct sluggish bowel and lack of education in proper evacuation and laziness. Exercises given in the form of games to strengthen the abdominal muscles ; games to be changed day to day.

(a) Child to pretend to bicycle—child lies flat on his back and using alternate leg movements bends and straightens each leg in the air as though working a pedal cycle.

(b) Child to pretend to be a frog, goes down on all fours and hops and leaps forward.

(c) Child to sit down cross-legged on the floor and lift beans, toys or balls from right to left in rhythmic movements, picking up and putting object from one side to the other and back again.

(*d*) Child to pretend to be a kicking donkey goes down on all fours and supporting himself on his hands kicks out with his feet.

(*e*) Skipping to tone up muscles and generally shake up the system.

(*f*) Child to pretend to be an angry pussy cat—go down on hands and knees and hump and hollow back.

Regular times to be sat out when no other thought or counter attraction should be allowed, *but* no “wrong” made of lack of evacuation.

Feeding to be carefully balanced, increasing fresh fruit, vegetables (raw and steamed), sufficient roughage in the form of brown bread, wholemeal bread, all bran, etc. Increase sugar in the form of raisins, brown sugar and barley sugar and give an ample supply of plain water to drink.

The psychological condition needs very careful handling, where the parents anxiety is suspected, a quiet talk with the mother, pointing out the possibility that she may be acting subconsciously on the child, will often give co-operation and the mother will keep away during the sitting out time, to see if this helps, and an absolute barring of the subject in her conversation with *or* in front of the child.

On the other hand, should the over anxiety be with the Nanny a change of nurse is advisable, either temporarily on a holiday or as a permanent measure, depending upon the hope of co-operation.

CHILD DEVELOPMENT

No treatment for constipation will succeed if the condition or treatment is discussed in front of the child ; everything must be carried out in a matter of fact manner, and the games must be real games.

CHAPTER XIX

COMMON WORM INFECTIONS—CAUSE AND CURE

The most prevalent type of worm infecting the child is the thread worm, and this minute pest seems to have gained in prevalence and makes itself almost endemic.

The thread worm is like a tiny thread of white cotton about quarter to half an inch in length and only visible in a motion immediately after passing, as they tend to burrow into the fæces as soon as they feel the air.

The eggs are passed out at the same time as the thread worm and as these worms live and are passed out by domestic animals, the child is infected by swallowing the eggs on badly washed vegetables or carried on hands or in nails direct to the mouth of the child.

It has been stated that girls are more commonly infected than boys, though no marked difference has come to my notice; quite possibly the nightgown of the girl versus the pyjamas of the boy makes re-infection more easy.

The child who is not too well, who has bad teeth or infected tonsils, is the child who is most likely to develop thread worms, as a child who is below health standard has a reduced supply

of hydrochloric in the digestive juices of the stomach and it is the hydrochloric that kills the ova of the thread worm.

Symptoms in the Child.—The child who is constantly picking his nose and scratching round his anus, who is not too fit in himself, whose breath is offensive and who does not sleep too soundly at night, should always be suspected of harbouring thread worms.

In severe cases the worms may even wriggle out through the anus and be clearly visible, but this stage of infection should never be reached in a private house.

The stools should be examined regularly immediately they have been passed in the chamber (a lavatory should not be used as other people may easily become infected). The minute thread will be seen burrowing back into the safety of the fæces. The infected child may lose weight, have a poor appetite, look white and strained from irritation and poor sleep.

Treatment.—Build up the health of the child, treat any septic centres and give a good tonic to build up the child's appetite.

1. Cut the child's nails short to avoid infection, keep hands gloved in cotton boilable mittens, change and boil mittens night and morning.

Do not allow child to attend to itself at toilet, an adult should take on this task, keep her own nails very short and hands thoroughly scrubbed.

2. A white precipitate ointment should be applied night and morning round the anus to kill any worms that might crawl out, and to allay irritation.

3. A holiday of not less than three weeks is beneficial and a well balanced diet with added vitamins.

4. The following mixture should be given half way through breakfast and tea for four weeks. Leave off for one week, repeat five weeks' course three times, when no worms or eggs should be left.

Dilute Hydrochloric Acid	30 minims
Dextrose	30 grains
Water to	2 drachms

One to two years give one teaspoon in half a cup of water. Two to four years give two teaspoons in a cup of water.

Round Worms.—A round worm is similar in appearance and size to a fully grown earth worm, four to six inches in length and pinky in colour.

As a rule only one or two develop at a time and the child appears well nourished and in fairly good health; some loss of appetite, restlessness and perhaps undigested stools with some mucus may be passed.

The worms may be passed in a stool or alone and can crawl out into the bed, the danger lies in the possibility of the worm working upwards, where it might be inhaled into the respiratory system, though usually the irritation causes it to be vomited.

Medical treatment is essential and your doctor should be told at once and the worm passed saved for his inspection.

Note.—Do remember that the inquisitive and experimental toddler may put a garden worm into his mouth, so do not immediately jump to the conclusion that your child has round worms if you extract a garden worm from his mouth, save the specimen for your doctor to decide.

Tape Worms.—A tape worm once seen will never be forgotten. It is yellowish white in colour and built in segments, the smallest segments are towards the fanged head. The central segments are broader than they are long, tapering again towards the tail and varies in length from five to nine yards.

Common in Eastern countries, so possibly may be imported or carried from abroad, though infection may be carried by the dog or cat; no animal passing worms should be kept in house or garden where children play.

The head of a tape worm is no larger than a pinhead with two fangs which fasten the worm's head high up in the fold of the bowel and the head will never be passed without drastic medical treatment.

Symptoms.—The child wastes and is a yellowish or dirty colour, has bouts of colitis, *i.e.*, large stools with mucus in them, and attacks of mild colic. Segments of the worm, about the size of a finger nail, may be passed

with the stool or be found in bed, and diagnosis is quite simple.

Rigid adherence to every detail of the doctor's orders are essential to success ; it may take three to four treatments of a most trying type to loosen the head of the tape worm and until the head is found the worm will continue to grow. Hospital treatment is advisable. "

CHAPTER XX

INFECTIOUS ILLNESSES

Rubella or German Measles.—One rule in diagnosis—you cannot have German measles without glands at the base of the skull, but glands at the base of the skull are not always diagnostic of German measles. The incubation period is the period of time between the entry of the germ into the child and the days he may develop the disease. The isolation period is the period of time that the child suffering from the disease must be kept away from other children and people. The quarantine period is the period of time that must elapse before the child, who has come in contact with disease, should be kept separate from outside children and people, in case he develops the infection.

German Measles.—Incubation 9-21 days. Isolation 10 days after appearance of rash. Quarantine 21 days for children. German measles is a mild illness characterised by a scattered pin point rash, which usually shows on the first to fourth day of illness. Glands are always present at the base of the skull and with a rash are diagnostic. The child is rarely ill, but is best kept in bed till the rash has disappeared completely. Normal diet. No complications. It is not advisable for pregnant mother to care for child with German measles.

Measles.—Incubation 7-14 days. Isolation 14 days after appearance of rash. Quarantine 14 days, surveillance between 7-14 days. Measles is a serious illness and care should be taken to safeguard all children, especially those under two years of age. Convalescent serum injections are a wise precaution for small children. White spots appear in the mouth, especially below the gums and lips, on the first day of disease. Runny eyes and nose, indeterminate cough, and a large blotchy rash on fourth day, usually first visible behind ears and on chest. Measles is a notifiable disease and a doctor must be called in. Great care must be taken to keep the child in a darkened room to prevent damage to the inflamed eyes. Complications: Pneumonia, Bronchial Pneumonia, Otitis Media.

Mumps.—Incubation 14-21 days. Isolation 7 days after all swelling disappears. Quarantine 26 days for children. This is usually a mild disease in childhood, though the adolescent male may suffer from orchitis and the female from mastitis. Keep the child warm and avoid all acid drinks, as the glands that swell under the tongue and below the ear may contract and are very painful on drinking acid such as orange juice.

Chicken Pox.—Incubation period 10-23 days. Isolation should be maintained until the last scab has separated. Quarantine 21 days. The disease is usually mild, but severe cases simulating Small Pox do sometimes occur.

The spots occur in crops in different parts of the body, usually on chest and back first. The rash lies like a pink spot of confetti on the surface of the skin, appearing to be capable of being flicked off with the finger. Spots change to watery blisters, pus blisters and finally scabs. Keep in bed until fever subsides, then keep warm and give normal diet. Infection carried on clothing of attendant.

Scarlet Fever. — Incubation 2-8 days. Isolation 6 weeks after appearance of rash. Quarantine 10 days. Usually works in a cycle with measles, and if scarlet fever severe measles is not and vice versa. Usually hospital nursing. Notifiable.

Small Pox. — Incubation 10-16 days. Isolation until all crust disappeared. Quarantine—Vaccination and 16 days. Notifiable and hospital nursing. No detailed nursing has been gone into, as all infection should be dealt with by the doctor and immunisation advised where possible, or convalescent serum to lessen severity of attack.

Whooping Cough. — Incubation 2-14 days. Isolation 6 weeks. Quarantine 21 days. Great care with infants, avoid possibility of infection at all cost.

Whooping cough in a baby is a dangerous illness; an adult must be in charge day and night to lift the child up at each spasm and endeavour to relieve the anxiety that the coughing causes. The older child who can be

given an explanation, and reassured, is easier to handle, but still needs day and night attention. Sit the child up and help him in his spasm and to vomit up his food, but immediately the spasm is over, give food and drink, as the second amount of food will probably be digested and not vomited.

Very little can be done physically to help the child, but his strength should be maintained by adequate diet. So often an attack of coughing follows a meal and all nourishment is lost if the meal is not repeated. Whooping cough immunisation in 1947 is not of proved value, though experimental work is being carried out in this direction. Should immunisation be possible, the child under two years of age should always be safeguarded as the spasm distress and danger to life is so very great.

CHAPTER XXI

COMMON CONTAGIOUS DISEASES

Impetigo is a septic infection of a spot or open area caused by the introduction of a germ into the open area.

The spot is red and inflamed with a centre of yellow liquid which dries to a yellow crust. Very contagious and spreads over the body and into the scalp with rapidity. Bathe the spot with a weak disinfectant until the scab is removed; dry area, and apply gentian violet and allow to dry, or penicillin ointment every four hours, removing crust before each application. Great care must be taken to scrub and disinfect hands after giving treatment, keeping nails very short.

Scabies is an irritation caused by the itch mite. The female mite burrows under the skin (most commonly between the toes and fingers or in folds of the skin) and lays twenty-four to forty-eight eggs. These mature in about seven days and the new females lay eggs and so on. The rapid spread of scabies irritation may be imagined. Should your child scratch between fingers or toes and on examination little spots may be seen, let your doctor know and he will treat immediately. The treatment is being improved frequently and no specific one is given.

Eczema, of the infantile type, is so much one of the allergic diseases that advice is individual. By eczema here I include only that caused by heat. Prickly heat and eczema is not common in England, but does occur ; usually the eruption appears suddenly after profuse sweating, most marked in the groins and axillæ and on the abdomen. Remove wool from the child, putting on an aertex or cotton vest, bath him daily with soda bicarbonate in the water, dust well with calamine powder and dab with calamine lotion. Give plenty of fluids to drink, with a pinch of salt added to every glass of water.

CHAPTER XXII

HAIR WASHING AND REGULAR CARE OF THE HAIR

The method used for hair washing should be controlled by the development of the individual child.

1. The baby of under fourteen months is quite contented to have his hair washed in his bath once a week or even fortnightly.

2. From this stage, when the child is running about but is not yet old enough to hold a face flannel over his eyes, this child should lie on his back on the adult's knee and well supported have his hair washed over a basin with his head hanging backwards into the basin. This position cannot be retained for any length of time without the child's neck getting stiff, so everything ready to hand and speed are essential.

3. Once the child has developed sufficiently to safeguard his own eyes, the normal position may be taken up. The child leans over a basin, holding a clean face flannel across his eyes to save soapy water running into and hurting them.

Hair may be shampooed with any good super fatted soap or a soap shampoo or Derbac soap. A soapless shampoo is too drying for a child's scalp and is harmful.

Tell the child, of whatever age, it is hair washing day, and let him help to wash his own brush and comb and get all the necessities ready. A small jug with shampoo, two good sized basins with warm water, medium sized jug for pouring water over child's head and towels and face flannel.

Talk to the child, telling him the process and make a game of it to keep the child happy and contented ; no child should mind having his hair washed, but a child once frightened, may take many months before he enjoys hair washing as a game.

Rinse in three waters, the third rinse should be clear of all soap or a fourth is needed. Rub the head briskly with a Turkish towel, brush with clean hair brush and if possible dry out of doors on a warm day. On cold days dry well indoors and do not allow out again on that day. When dry, brush thoroughly and comb all tangles out very gently. Look through the scalp very carefully for any small patches of yellow scurf, if present, vaseline all patches well for three nights and re-wash. This will remove all scurf.

A child's hair should be washed every two weeks from one to five years and weekly under one year after the daily baby stage is passed at eight to twelve weeks.

The hair should be brushed regularly every day for both boy and girl, as this stimulates the hair roots to healthy growth. All brushes,

combs and brush bags should be washed weekly.

Pediculosis or Lice in the Head.—Pediculosis, or a dirty head, is very easily picked up in bus, tram or train, and once the child has to travel in public vehicles to school, it is wise to tooth comb the hair at least once a week.

The mackintosh apron, once used for bathing baby, is useful. Tie this round the child's neck and have a small bowl with weak disinfectant, a small supply of cotton wool and a tooth comb in addition to usual brush and comb. Treat the combing as normal routine and do not express horror should you find a louse in the child's head. It is not horrifying to find one, only if you neglect to comb, and see the head "alive" in a few weeks.

Part the hair in the centre and working from the one side round the back to the other side, dip the comb in the weak disinfectant, comb with the fine or tooth comb every bit of the scalp and right down to the tip of the hair. After each sweep, wipe the comb over the piece of cotton wool and look to see if anything moves on the dust that comes out. Ninety-nine times out of a hundred you will find nothing, but if you find one louse the child's hair should be tooth combed night and morning and Lethane applied once.

Buy a small bottle of Lethane oil or D.D.T. head application from your chemist, and follow instructions carefully. Lethane at present is advocated without washing for ten

days, but treatment improves so rapidly that it is only the instructions on the particular bottle that should be followed.

Head lice are easily cured with care and should not cause anxiety. A head louse is a small grey insect, somewhat similar to a small wood louse and moves rapidly. The chief nesting areas are: The nape of the neck and behind the ears, and hundreds of eggs or nits are laid in a few hours. The eggs are attached to the hair with a cement-like liquid, which makes removal difficult; a dead egg is silvery and a live egg is dull to look at.

A vinegar rinse will often clear dead nits off the hair and is a help in clearing the condition completely.

CHAPTER XXIII

NURSERY SCHOOL

The Nursery School or Nursery Class will accept a child at two years of age, though the average child is better at home until he is three years of age, when he needs occupational play.

If you have the opportunity let your child go to Nursery School, he learns discipline, self-reliance, sharing with others, and, to a very great extent, his place in the world as one of a number rather than as an individual.

The child will not have to sit down for any length of time. Nursery School is a series of short periods of time, calculated to use, to develop mind and body as one whole. The child will use plasticine, chalks, paints to develop his colour sense and the use of his hands.

The jungle gym, or climbing frame, swings, slides, tricycles, scooters, cars, etc., will help in his physical development, teach limb control and road and traffic sense.

Coloured tissue paper will at first be cut up into small pieces, dropped into glue and dabbed on sheets of brown paper indiscriminately. Later scissor cutting out and red daisies will follow as hand, eye and brain develop and learn control.

The Nursery School child learns to fetch his own soap and flannel, to pour out his washing water for himself, to attend to his own toilet and hand washing to follow, to put away his own flannel and towel, to dress and undress himself, all in the course of the day, as the natural course of events.

Discipline appears to be absent and "NO" is rarely used, but it is a very real art to control and teach the child to be self-disciplined with very few rules and a positive rather than a negative attitude to the children.

The child who thumb sucks, nail bites, and masturbates, does get aroused; he is given so much to occupy hand and mind that he is too busy to put his fingers in his mouth. Musical games, rhythm, rhythmic movement and percussion bands will all be included in the teaching of Nursery School.

Give your child the benefit of a Nursery School if it is at all possible, he will love every minute of the day—9.0 a.m. to 4.0 p.m.—eat a good middle day meal with his companions, and you will be free for those hours five days a week.

Write to the Nursery School Association, 1 Park Crescent, London, W.1, for details of recognised Nursery Schools in your area. Follow up the information by going to see the most convenient Nursery School. Be sure that the Nursery School is recognised by the N.S.A. or you may do more harm to your child than good by sending him to an unqualified teacher.

CHAPTER XXIV

HELPFUL HINTS

How soon should a child be dry?—There is no accurate answer to this question ; children vary tremendously, but it is safe to say that if your child is not dry day and night by three years, there is something wrong in the handling of the child or normal development.

Do not make your child “chamber conscious.” No good will ever be achieved by lifting a child two or three times in the night and very frequently in the day. This method teaches the bladder that it needs emptying when partly filled and does not teach the bladder muscle to retain a larger quantity as it should be capable of doing as the child grows. Praise and even reward success, but merely be sad over failure, NEVER punish.

Allow the small child free access to his chamber and never ignore urgent demands of “pot, pot,” and you will find that the average child of two years is clean all day, and rarely has an accident at night—being clean day and night at two and a half years.

The child should be chambered regularly during the day, on getting up, before and after breakfast, when he should be trained to have his daily motion, before rest time and on getting up, getting up from rest will probably

be before dinner, so again after lunch, once in the afternoon, before and after tea, going to bed and lift at 9.30 p.m. finally for the night. This makes eleven times in twenty-four hours, but is the usual amount of chambering needed for the small child. As the child gets more reliable, only a skeleton routine need be followed, the child asking to go at other times.

A child should ask for his chamber at two and a quarter years and a small boy should learn to stand up to pass urine by two and a half years old, but this training may best be taught by older brother or father when the small boy will feel grown up and this special method will do more to keep the small boy clean and dry than anything else.

How can one punish a two year old so that he understands?—This is a difficult problem, but it must be an immediate answer to the wrong done, as the memory of a two year old is very short indeed.

Be certain that the two year old knows what is the wrong done and that it was deliberately done, then make the child come in out of the garden, or in from where he is playing and say: "Now Joseph, you know mummy told you not to pull the box or tray down and so spill all the nails, well, I am sorry, but first you must help to pick them all up and then you must come and sit for five minutes on a chair quite still," or again, "Jo you must not hit John, so first you must say you are sorry to John and then come and sit down quietly while

John runs about"—five minutes is quite long enough.

The older child may have one sweet doctored or be told to give his one sweet to the child he has bitten or hit. In this way punishment fits the crime and forgiveness is speedy. Never threaten to "tell daddy when he comes home." For a child under five years the return of daddy must be kept as a happy time and never be anticipated with dread.

Destruction of toys is often a sign that a child needs more detailed material to use, such as hammer and nails, screws, Meccano, etc. The destruction is so often exploratory rather than pulling to pieces and may be best dealt with by giving more exact work to be done. An old clock gives great delight.

How can one teach the child to enjoy the sea?—Never force a child to go into the sea, he will very soon decide that he wants to without any help. Put the two year old into bathing pants or ordinary pants on a warm sunny day, provide him with spade and bucket by the sea. The waves coming in on a sandy beach are quite gentle, but the expanse of sea must look enormous to the small child.

Parents and friends will probably paddle, and possibly one or more of the party will bathe; let the toddler see the paddling and if he wishes to, hold his hand let him splash with his feet. Very soon the difficulty will be to keep the child from diving into the sea.

Fifteen to twenty minutes splashing is quite long enough for the first few days. Bring the toddler out and rub down with a rough towel and put into dry pants, if cool, dress completely.

Night Terrors.—A nightmare or night terrors are very real and very frightening to the young child and should be dealt with kindly and firmly. Night terrors usually occur when a child is over excited or has had alarming stories read aloud before going to bed. These are sometimes associated with teething in the young child or the onset of illness in an older child.

Get up and go to the child, make sure he is awake and holding him firmly in your arms reassure and calm the frightened mind. Once quiet is restored, without asking for any explanation, tuck the child down and suggest he goes off to sleep quite happily once more.

The next day do not mention the occurrence unless the child himself does so, then ask what worried him—in the hope that he may know—and reassure any fear produced.

Watch how the evening is spent, so that the child is not over excited and give glucose in all drinks. A habit of waking at night for attention is not "night terrors" and care must be taken to eliminate this possibility. Few children have persistent night terrors when in normal health and the occurrence of such worries must be looked into very carefully.

Nail Biting and Finger Sucking.—The occasional thumb or finger sucking in the small infant is a sign of some need for security and should give no cause for anxiety ; remove thumb or finger when the infant sleeps, so as to prevent mouth breathing or distortion of teeth. After the age of twelve months sucking should be prevented as much as possible, without the child being conscious of the prevention. Nail biting and thumb sucking may be avoided during the day by giving plenty of hand occupation, so that the child is too busy using both hands to have a finger to spare. At rest time and at night cotton bags will prevent sucking and, provided the child is shown how each hand goes to bed in the cotton bag, he will not resent the fact.

Night Lights—A small child is not afraid of the dark unless an adult makes him so. Do not suggest that light is needed for going to sleep and should some foolish person have begun such a habit, break it during the summer nights and do not begin again during the next winter.

Masturbation.—Playing with genital organs in a small child is mainly a matter of chance. Should the small girl or boy be put into tight knickers or pyjamas that are short in the crutch, the rubbing of the garment may produce a pleasurable sensation, and the child may rub itself to reproduce this sensation.

Be very careful all clothes fit properly, more especially knickers, trousers and pyjamas.

Should you notice the child rubbing or holding himself or herself do NOT draw attention to the fact, give toys to occupy the hands and on going to bed make sure no garment is at fault.

Wash the child well in this area so that no irritation of the labia in a girl or penis in a boy is drawing attention to the genital organs, and by eradicating all sources of interest avoid the rubbing of the parts by the child in the day.

At night some children, being on their faces, again rub the parts causing pleasurable sensation. Prevent the child from turning on his face by using a liberty bodice with side ties attached at each side of bed or cot; be very sure that this restrainer is not used as a punishment, but to help the child to lie on his back and breathe fresh air to grow big and tall.

Masturbation in reason is not harmful to a child, nor is the theory that "masturbation" helps the development of the "genital organs" correct either.

Rocking in a child when he turns on his face and draws up his knees, rocking on knee and elbows is a form of masturbation. Head rolling and head banging may come into the same category.

Fat Indiocyncrasy is where a young child can digest only part of the normal fat intake, the condition is shown by upsets, like vomits, white curds in the stools and general inability to eat bacon or fried food.

Acidosis is another form of inability to digest fats, but is usually brought on by excitement.

and comes in cycles. The child looks tired and is restless, blue below the eyes and cross. Next day the child looks ill and begins to vomit. The vomiting may continue for twenty-four hours, the child being unable to retain plain water.

When you know your child is subject to these attacks, guard against them as much as possible by reducing fats ; do not give cod liver oil or fried foods and add glucose to all drinks, when an attack seems imminent give water and glucose only for the next twenty-four hours.

Cœliac Disease is a definite disease where no fats are able to be digested and needs very special medical treatment. All these fat difficulties are only childhood difficulties and are outgrown in a few years.

Uticaria is a sudden development of large heat spots, which irritate a great deal and may cause slight or severe swelling of the mucus membrane of throat and mouth.

The intense irritation is usually due to the eating of some special fruit such as strawberries, or touching some plant such as primulas, to which the particular person is allergic or intensely susceptible. Very little can be done to allay the irritation, though soda bicarbonate may help, or dabbing all over with calamine lotion. The only safe course is to discover the cause and avoid eating or touching temporarily.

Immunisation by gradually eating very small quantities of the fruit is sometimes successful,

but it must be half a strawberry at first and if not successful the irritation is back again. Cases have been known to occur relating to conception and even after the birth of the baby, in both instances within forty-eight hours.

Unable to Wear Wool.—Occasionally infants and children develop an irritating rash on wearing wool next to the skin. This cannot be avoided and wool next to the skin must be avoided. Let the child wear an aertex vest under the wool vest, or wear Deimel vests and pants. The child may, or may not, grow out of this difficulty.

Feeding Difficulties.—A child between eight and eighteen months does often become difficult over eating. Should you experience this problem do not allow the child to know that you mind at all, remove the plate of food that has been refused and leave the child hungry, do not offer an alternative. The beginning of food refusal is often a sore, tender mouth, due to teething, but the delight that the child feels because of your anxiety only aggravates the problem. The refusal of food becomes an issue between child and parent, an issue often won by the child because mother tries new dish after new dish to tempt the appetite of the young demon, who is only pitting his wits and his will against those of his over-anxious parent.

CHAPTER XXV

MILESTONES IN DEVELOPMENT

The development of each normal child is a distinct and individual process, no hard and fast rules can be laid down, although the following guiding lines may be of interest and help.

At two months baby should be interested in colour, and in following moving objects round from side to side. Smiles and coos to himself and shows definite signs of pleasure. Kicks vigorously in play time on floor.

At four months baby should hold head erect, and raise head from floor when laid on stomach, or from cot to look around. Knows familiar people mainly by voice.

At six months baby should be able to turn over from back to front and from front back at will. He should be able to sit up alone for a few minutes. Plays with fingers, toes and toys. Puts everything into mouth, both to investigate by taste and bite on to help teeth. First teeth cut, usually the two lower incisors, or lower central teeth.

At eight months baby may begin to crawl, but as this activity is often delayed as long as ten or even twelve months, lack of crawling at eight months is not a cause for worry. Four

upper teeth may be cut. Begins to associate words with sounds, movements and objects; first words such as nan, mum, dad may be spoken. Sits up well.

At ten months two lateral incisors in lower jaw are due. May pull himself up in cot or playpen and will attempt to stand alone. This should not be encouraged, as bones may not be quite strong enough, and bandy legs result.

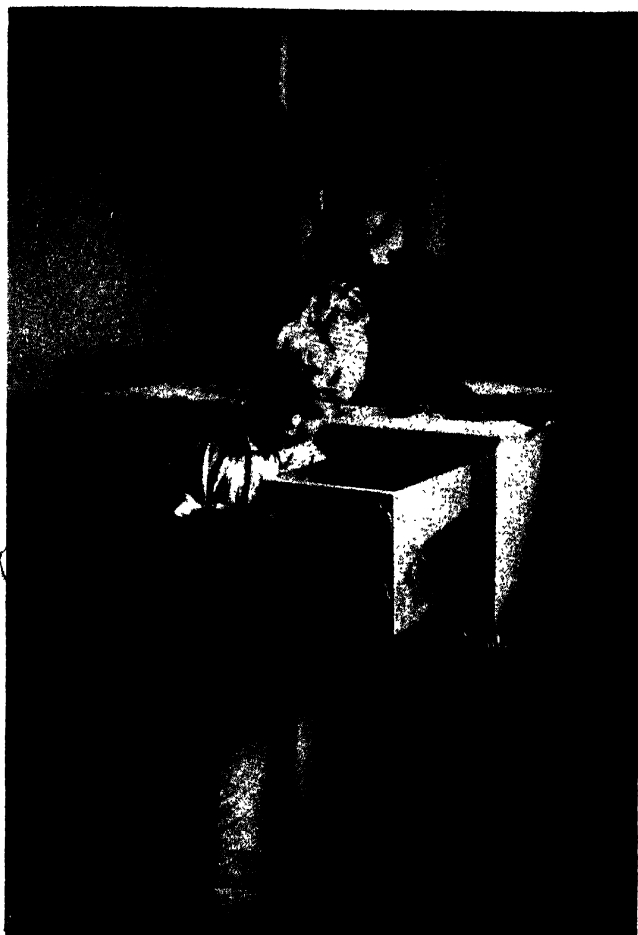
At twelve months baby should walk round holding on to chairs, cot, or playpen, and may walk a few steps alone. Begins to hold his own spoon at meals and attempts to feed himself. Says about ten words and understands most simple sentences spoken to him.

At fourteen months baby should be walking well with innumerable bumps from unexpected overbalancing and sitting down. Four molars due, two upper and two lower.

At sixteen months, if allowed to explore, a baby should be capable of sliding down stairs feet first on stomach and climbing up again step by step on hands and feet. Climbs on and off chairs. Says about twenty to thirty words, and begins to make simple sentences. Connection of pot and need quite clear, although not always expressed in time.

At eighteen months some children are clean, with occasional relapses, other are not, but this is no cause for worry. Baby enjoys picture books, takes an intelligent interest in outside

Curiosity on the Way to Bed!



movements, cars, buses, etc. Fontanelle (which is the meeting place of the bones on the top of the skull) should be closed. Four eye teeth are due.

At two years baby should talk well in very simple sentences. Should feed himself well, and be able to turn on taps, pull out plugs and attempt to wash his own hands. Begins to build with bricks and to dress himself.

At one year the normal child should weigh twenty-three pounds, be about thirty inches in height, have eight teeth, and be starting to walk alone.

At two years the normal child should weigh twenty-eight pounds, be about thirty-four inches in height, have sixteen teeth, and be clean in his habits by day.

At three years the normal child should weigh thirty-two pounds, be about thirty-seven inches in height, have all his twenty milk teeth, and be ready to begin constructional play.

From now until his seventh year teething trouble should be over, but a wise mother will take her child to be seen by a dentist every six or eight months, as faults or defects in the milk teeth, if neglected, may do lasting harm to the permanent teeth. Care must be taken to see that the visit to the dentist is a treat, and that no one is allowed to instil fear into the child's mind.



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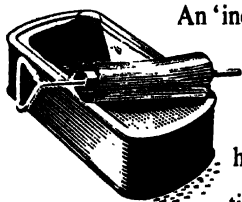
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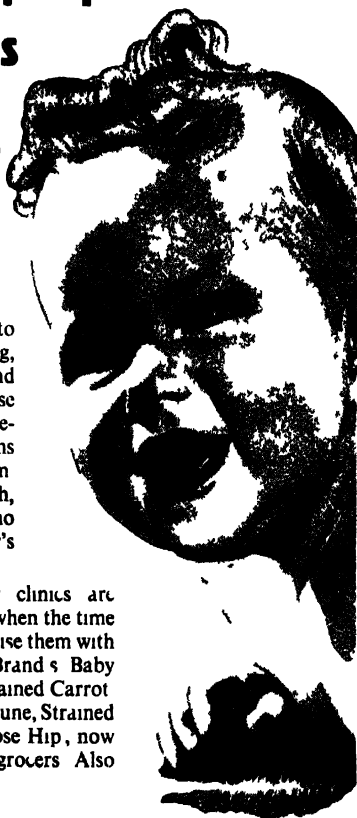
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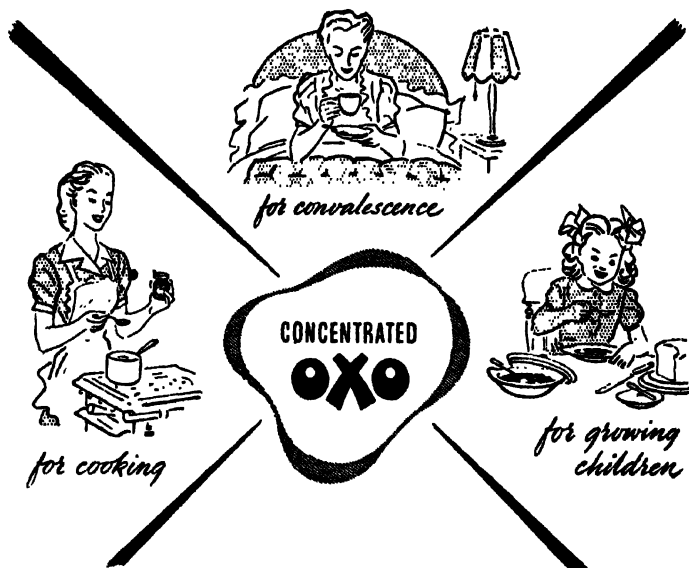
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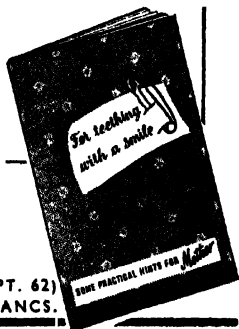
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